

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90133 019 ***150.00

0249107

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K75226

1. Corporation Name
VINCAM HUMAN RESOURCES OF MICHIGAN, INC.

| | |
|--|--|
| Principal Place of Business 2850 DOUGLAS RD. CORAL GABLES FL 33134 | Mailing Address 2850 DOUGLAS RD. CORAL GABLES FL 33134 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 SAME | | 2a. Mailing Address 26 10200 SUNSET DR. | | 3. Date Incorporated or Qualified 03/24/1989 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number 65-0121767 | |
| 23 City & State | | 28 MIAMI, FL 33173 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip 33173 Country | | 29 33173 Country MIAMI - DADE | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MARSTON, ELIZABETH J.
2850 DOUGLAS ROAD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| | |
|---|---------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 10200 SUNSET DRIVE |
| 83 | |
| 84 City MIAMI State FL | 85 Zip Code 33173 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SANCHEZ, JOSE M. | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MARSTON, ELIZABETH | |
| STREET ADDRESS | 2850 DOUGLAS ROAD | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | CUETO, WILLIAM F. | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | CEO | <input type="checkbox"/> DELETE |
| NAME | SALDRIGAS, CARLOS A. | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | CFO | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, CARLOS A | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CARLEN, JOHN T | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | } SAME AS ABOVE |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | } SAME AS ABOVE |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | } SAME AS ABOVE |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | } SAME AS ABOVE |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | } SAME AS ABOVE |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | } SAME AS ABOVE |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Cueto* **WILLIAM F. CUETO** (305) 630-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECRETARY Date Daytime Phone #

CR2E034 (1/198)