

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

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L34542 (5)**

1. Corporation Name  
**VINCAM HUMAN RESOURCES, INC. VI**



Principal Place of Business: **2850 DOUGLAS ROAD CORAL GABLES FL 33134**

Mailing Address: **2850 DOUGLAS ROAD CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/07/1989	
22		27	City & State	4. FEI Number	
23	Zip	28	Country	65-0161093	
24	Country	29	Zip	Applied For	
25		30	Country	Not Applicable	
g. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
KEELER, ELIZABETH J. (name change only) 2850 DOUGLAS ROAD CORAL GABLES FL 33134				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEELER, ELIZABETH J. (name change only) 2850 DOUGLAS ROAD CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE M	1.2 NAME	
STREET ADDRESS	2850 DOUGLAS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAECHTER, STEPHEN L.	2.2 NAME	Carlos A. Rodriguez
STREET ADDRESS	2850 DOUGLAS ROAD	2.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALADRIGAS, CARLOS A	3.2 NAME	Carlos A. Saladrigas
STREET ADDRESS	2850 DOUGLAS ROAD	3.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MARTIN J	4.2 NAME	500002475605
STREET ADDRESS	2850 DOUGLAS ROAD	4.3 STREET ADDRESS	-04/01/98--01079--014
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	***150.00
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUETO, WILLIAM F	5.2 NAME	John T. Carlen
STREET ADDRESS	2850 DOUGLAS ROAD	5.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, ELIZABETH J.	6.2 NAME	Elizabeth J. Marston
STREET ADDRESS	2850 DOUGLAS ROAD	6.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	Coral Gables, FL 33134

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 its 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)