

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Oct 09 1996 8:00 am  
Secretary of State

DOCUMENT # **M50800** (5)

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



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

3. Date Incorporated or Qualified **04/22/1987** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0027295** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**HARRIS, CHRISTINA D., ESQ.  
2850 DOUGLAS RD.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name **William F. Cueto**  
82 Street Address (P.O. Box Number is Not Acceptable) **2850 Douglas Road**  
83  
84 City **Coral Gables, FL** 85 Zip Code **33134**

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 **William F. Cueto, Associate Counsel** DATE **4/24/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, JOSE M.</b>	1.2 NAME	<b>Carlos A. Saladrigas</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	1.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<b>VDD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALADRIGAS, CARLOS</b>	2.2 NAME	<b>Jose M. Sanchez</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	2.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	2.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer &amp; Secretary</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, CHRISTINA D.</b>	3.2 NAME	<b>Martin J. Perez</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	3.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>William F. Cueto</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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04/30/96 0111-019  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Christina D. Harris* DATE: **4/24/96** (305) 460-2350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

*Handwritten signature/initials*