

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

FILED

**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M50800 (5)

1. Corporation Name
VINCAM HUMAN RESOURCES, INC. V



Principal Place of Business 2850 DOUGLAS RD. CORAL GABLES FL 33134	Mailing Address 2850 DOUGLAS RD. CORAL GABLES FL 33134-6901
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3. Date Incorporated or Qualified 04/22/1987		3a. Date of Last Report 10/09/1996	
2. Principal Place of Business		4. FEI Number 65-0027295	
2a. Mailing Address		Applied For Not Applicable	
21. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip Country			
25. Zip Country			
26. Zip Country			
27. Zip Country			
28. Zip Country			
29. Zip Country			
30. Zip Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUENTO, WILLIAM F 2850 DOUGLAS RD. CORAL GABLES FL 33134				81 Name	Elizabeth J. Keeler, Secretary		
				82 Street Address (P.O. Box Number is Not Acceptable)	2850 Douglas Rd.		
				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: *[Signature]* **Elizabeth J. Keeler, Secretary** 1/15/97
(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	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, JOSE M.			1.2 NAME	Elizabeth J. Keeler		
STREET ADDRESS	2850 DOUGLAS RD.			1.3 STREET ADDRESS	2850 Douglas Road		
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SALADRIGAS, CARLOS			2.2 NAME	Stephen L. Waechter		
STREET ADDRESS	2850 DOUGLAS RD.			2.3 STREET ADDRESS	2850 Douglas Road		
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	TS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, MARTIN			3.2 NAME			
STREET ADDRESS	2850 DOUGLAS RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUENTO, WILLIAM F			4.2 NAME			
STREET ADDRESS	2850 DOUGLAS RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			4.4 CITY-ST-ZIP			
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			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **Elizabeth J. Keeler** 1/15/97 (305) 460-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)