


3/30/98 B-3882 C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2850 DOUGLAS RD.                  CORAL GABLES FL 33134</b>	Mailing Address <b>2850 DOUGLAS RD.                  CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>04/22/1987</b>	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0027295</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	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	

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

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		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	<b>SANCHEZ, JOSE M.</b>	1.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALADRIGAS, CARLOS</b>	2.2 NAME	<b>Carlos A. Saladrigas</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	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, MARTIN</b>	3.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUENTO, WILLIAM F</b>	4.2 NAME	<b>John T. Carlen</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	4.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	4.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEELER, ELIZABETH J.</b>	5.2 NAME	<b>Elizabeth J. Marston</b>
STREET ADDRESS	<b>2850 DOUGLAS ROAD</b>	5.3 STREET ADDRESS	<b>2850 Douglas</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	CFO <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAECHTER, STEPHEN L.</b>	6.2 NAME	<b>Carlos A. Rodriguez</b>
STREET ADDRESS	<b>2850 DOUGLAS ROAD</b>	6.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	6.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>

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 proxy 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 attached sheet with an address.

**SIGNATURE:** \_\_\_\_\_ **3/24/98 (305) 460-2350**

CFR2034 (10/97)