

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90098 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M50800

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10200 Sunset Dr. Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33173	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 04/22/1987	4. FEI Number 65-0027295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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)	Same as above
83	
84 City	FL
85 Zip Code	

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSE M.	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SALADRIGAS, CARLOS	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	PEREZ, MARTIN	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CARLEN, JOHN T	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARSTON, ELIZABETH J	
STREET ADDRESS	2850 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CARLOS A	
STREET ADDRESS	2850 DOUGLAS ROAD	
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	
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. Cusato **William F. Cusato** (305) 630-1000
 ASST. SECRETARY Date _____ Daytime Phone # _____

CR2E034 (11/98)