

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
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # P93000002381 (0)

1. Corporation Name
VINCAM INSURANCE SERVICES, INC.



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

3. Date Incorporated or Qualified 01/11/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0381843	Applied For 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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent HARRIS, CHRISTINA D 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
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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 4/24/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1 1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTASSO, ANTHONY L	12 NAME	Carlos A. Saladrigas
STREET ADDRESS	2850 DOUGLAS RD.	13 STREET ADDRESS	2850 Douglas Road
CITY - ST - ZIP	CORAL GABLES FL 33134	14 CITY - ST - ZIP	Coral Gables, Fl 33134
TITLE	T <input type="checkbox"/> DELETE	2 1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE M	22 NAME	Jose M. Sanchez
STREET ADDRESS	2850 DOUGLAS RD.	23 STREET ADDRESS	2850 Douglas Road
CITY - ST - ZIP	CORAL GABLES FL 33134	24 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	S <input type="checkbox"/> DELETE	3 1 TITLE	Treasurer & Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, CHRISTINA D	32 NAME	Martin J. Perez
STREET ADDRESS	2850 DOUGLAS RD.	33 STREET ADDRESS	2850 Douglas Road
CITY - ST - ZIP	CORAL GABLES FL 33134	34 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	William F. Cueto
STREET ADDRESS		43 STREET ADDRESS	2850 Douglas Road, Coral Gables, Fl 33134
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	000001801980
STREET ADDRESS		53 STREET ADDRESS	-04/30/96--0111--025
CITY - ST - ZIP		54 CITY - ST - ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 unchanged, or on an attachment with an address.

SIGNATURE: *Christina D Harris* 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