

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
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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

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
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS
TITLE P DELETE
NAME LOTASSO, ANTHONY L
STREET ADDRESS 2850 DOUGLAS RD.
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE T DELETE
NAME SANCHEZ, JOSE M
STREET ADDRESS 2850 DOUGLAS RD.
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE S DELETE
NAME HARRIS, CHRISTINA D
STREET ADDRESS 2850 DOUGLAS RD.
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE President Change Addition
12 NAME Carlos A. Saladrigas
13 STREET ADDRESS 2850 Douglas Road
14 CITY-ST-ZIP Coral Gables, Fl 33134
2 1 TITLE Vice President Change Addition
22 NAME Jose M. Sanchez
23 STREET ADDRESS 2850 Douglas Road
24 CITY-ST-ZIP Coral Gables, FL 33134
3 1 TITLE Treasurer & Secretary Change Addition
32 NAME Martin J. Perez
33 STREET ADDRESS 2850 Douglas Road
34 CITY-ST-ZIP Coral Gables, FL 33134
4 1 TITLE Assistant Secretary Change Addition
42 NAME William F. Cueto
43 STREET ADDRESS 2850 Douglas Road, Coral Gables, Fl 33134
44 CITY-ST-ZIP
5 1 TITLE Change Addition
52 NAME 000001801980
53 STREET ADDRESS -04/30/96--0111--025
54 CITY-ST-ZIP ***200.00
6 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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