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**Apr 10 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33134-6801**

3. Date Incorporated or Qualified 01/11/1993	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0381843	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 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CUETO, WILLIAM D
2850 DOUGLAS RD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
Elizabeth J. Keeler, Secretary

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: **Elizabeth J. Keeler, Secretary** DATE: **1/15/97**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SALADRIGAS, CARLOS L	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSE M	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, CHRISTINA D	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	PEREZ, MARTIN J	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CUETO, WILLIAM F	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stephen L. Waechter	
1.3 STREET ADDRESS	2850 Douglas Road	
1.4 CITY - ST - ZIP	Coral Gables, FL 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth J. Keeler	
3.3 STREET ADDRESS	2850 Douglas Road	
3.4 CITY - ST - ZIP	Coral Gables, FL 33134	
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		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or in an attachment with an address.

SIGNATURE: **Elizabeth J. Keeler** DATE: **1/15/97** (305) 460-2364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary** Date Daytime Phone #

CR2E034 (9/96)