


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

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

03-03-1999 90098 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000002381**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10200 SUNSET DRIVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/11/1993	
22 City & State 23 <b>MIAMI, FL</b>		27 City & State		4. FEI Number 4. <b>65-0381843</b> Applied For Not Applicable	
24 Zip 24 <b>33173</b> Country		29 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
25 <b>Miami-DADC</b>		30 <b>FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
28 <b>MIAMI-DADC</b>		30 <b>FL</b>		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 RD.  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>10200 SUNSET DR.</b>
83	
84 City	<b>MIAMI</b>
85 Zip Code	<b>FL 33173</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	<b>SALADRIGAS, CARLOS L</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, JOSE M</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>MARSTON, ELIZABETH J</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, MARTIN J</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARLEN, JOHN T</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, CARLOS A</b>	
STREET ADDRESS	<b>2850 DOUGLAS ROAD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	

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	<b>10200 SUNSET DRIVE</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33173</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>10200 SUNSET DRIVE</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33173</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>SAME AS ABOVE</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>SAME AS ABOVE</b>
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	<b>SAME AS ABOVE</b>
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. Rueto **WILLIAM F. RUETO** (305) 630-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECRETARY Date Daytime Phone #

CR2E034 (11/98)