

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 # P93000020419 (6)

1. Corporation Name

VINCAM HUMAN RESOURCES, INC. XII



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 03/18/1993
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number 65-0399700
Applied For Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, CHRISTINA D ESQ
2850 DOUGLAS RD.
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reticulating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	P		
NAME	LIGHT, RICHARD B		
STREET ADDRESS	2850 DOUGLAS RD.		
CITY-ST-ZIP	CORAL GABLES FL 33134		
TITLE	T		
NAME	SANCHEZ, JOSE M		
STREET ADDRESS	2850 DOUGLAS RD.		
CITY-ST-ZIP	CORAL GABLES FL 33134		
TITLE	S		
NAME	HARRIS, CHRISTINA D ESQ		
STREET ADDRESS	2850 DOUGLAS RD.		
CITY-ST-ZIP	CORAL GABLES FL 33134		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	President	<input checked="" type="checkbox"/>	
1.2 NAME	Carlos A. Saladrigas		
1.3 STREET ADDRESS	2850 Douglas Road		
1.4 CITY-ST-ZIP	Coral Gables, FL 33134		
2.1 TITLE	Vice President	<input checked="" type="checkbox"/>	
2.2 NAME	Jose M. Sanchez		
2.3 STREET ADDRESS	2850 Douglas Road		
2.4 CITY-ST-ZIP	Coral Gables, FL 33134		
3.1 TITLE	Treasurer & Secretary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Martin J. Perez		
3.3 STREET ADDRESS	2850 Douglas Road		
3.4 CITY-ST-ZIP	Coral Gables, FL 33134		
4.1 TITLE	Assistant Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	William F. Cueto		
4.3 STREET ADDRESS	2850 Douglas Road		
4.4 CITY-ST-ZIP	Coral Gables, FL 33134		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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***200.00

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 if changed, or on an attachment with an address.

SIGNATURE:

Christina D Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(305) 460-2350

Daytime Phone #

CR2E034 (12/95)

4/30/96