

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

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**Apr 09 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 # 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 33134-6801**

3. Date Incorporated or Qualified  
**03/18/1993**

3a. Date of Last Report  
**04/30/1996**

|   |                     |                     |                     |  |     |   |         |
|---|---------------------|---------------------|---------------------|--|-----|---|---------|
| 2. Principal Place of Business                  |                     | 2a. Mailing Address |                     | 4. FEI Number  |     | Applied For   |         |
| 21  | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | <b>65-0399700</b>                                      |     | Not Applicable  |         |
| 22. City & State                                |                     | 27. City & State    |                     | 5. Certificate of Status Desired                       |     | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |         |
| 23  | City & State        | 28                  | City & State        | 6. Election Campaign Financing Trust Fund Contribution |     | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |         |
| 24  | Zip                 | 25                  | Country             | 29   | Zip | 30  | Country |
| g. Name and Address of Current Registered Agent |                     |                     |                     | 10. Name and Address of New Registered Agent           |     |   |         |

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

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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <b>Chief Financial Officer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SALADRIGAS, CARLOS</b>                           | 1.2 NAME  | <b>Stephen L. Waechter</b>  |
| STREET ADDRESS             | <b>2850 DOUGLAS RD.</b>                             | 1.3 STREET ADDRESS                                    | <b>2850 Douglas Road</b>  |
| CITY-ST-ZIP                | <b>CORAL GABLES FL 33134</b>                        | 1.4 CITY-ST-ZIP                                       | <b>Coral Gables, FL 33134</b>   |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>SANCHEZ, JOSE M</b>                              | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2850 DOUGLAS RD.</b>                             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CORAL GABLES FL 33134</b>                        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| NAME                       | <b>HARRIS, CHRISTINA D ESQ</b>                      | 3.2 NAME  | <b>Elizabeth J. Keeler</b>  |
| STREET ADDRESS             | <b>2850 DOUGLAS RD.</b>                             | 3.3 STREET ADDRESS                                    | <b>2850 Douglas Road</b>  |
| CITY-ST-ZIP                | <b>CORAL GABLES FL 33134</b>                        | 3.4 CITY-ST-ZIP                                       | <b>Coral Gables, FL 33134</b>   |
| TITLE                      | <b>TS</b> <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>PEREZ, MARTIN J</b>                              | 4.2 NAME  |   |
| STREET ADDRESS             | <b>2850 DOUGLAS RD.</b>                             | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CORAL GABLES FL 33134</b>                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>AS</b> <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>CUETO, WILLIAM F</b>                             | 5.2 NAME  |   |
| STREET ADDRESS             | <b>2850 DOUGLAS RD.</b>                             | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CORAL GABLES FL 33134</b>                        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 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 applicable, or on an attachment with an address.

SIGNATURE: **Elizabeth J. Keeler** DATE: **1/15/97** DAYTIME PHONE: **(385) 460-2364**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

CR2E034 (9/96)