

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

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

03-03-1999 90098 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000020419**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10200 Sunset Dr.		26 Same		03/18/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0399700	
City & State		City & State		Applied For	
23 Miami, fl.		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33173		25 Miami-Dade		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		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				10. Name and Address of New Registered Agent			
MARSTON, ELIZABETH J S 2850 DOUGLAS ROAD CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALADRIGAS, CARLOS		12 NAME		
STREET ADDRESS	2850 DOUGLAS RD.		13 STREET ADDRESS	} Same as above	
CITY-ST-ZIP	CORAL GABLES FL 33134		14 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, JOSE M		22 NAME		
STREET ADDRESS	2850 DOUGLAS RD.		23 STREET ADDRESS	} Same as above	
CITY-ST-ZIP	CORAL GABLES FL 33134		24 CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, CARLOS A		32 NAME		
STREET ADDRESS	2850 DOUGLAS ROAD		33 STREET ADDRESS	} Same as above	
CITY-ST-ZIP	CORAL GABLES FL 33134		34 CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, MARTIN J		42 NAME		
STREET ADDRESS	2850 DOUGLAS RD.		43 STREET ADDRESS	} Same as above	
CITY-ST-ZIP	CORAL GABLES FL 33134		44 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLEN, JOHN T		52 NAME		
STREET ADDRESS	2850 DOUGLAS RD.		53 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		54 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSTON, ELIZABETH J		62 NAME		
STREET ADDRESS	2850 DOUGLAS RD.		63 STREET ADDRESS	} Same as above	
CITY-ST-ZIP	CORAL GABLES FL 33134		64 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. Cuto* **William F. Cuto** (305) 630-1000  
 ASST. SECRETARY Date Daytime Phone #

CR2E034 (11/98)