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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000034761

1. Corporation Name
VINCAM STAFFING, INC.

Principal Place of Business
**2850 DOUGLAS ROAD
 CORAL GABLES FL 33134**

Mailing Address
**2850 DOUGLAS ROAD
 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 10200 SUNSET DRIVE	26 SAME	04/11/1997	65-0745656	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 MIAMI, FL 33173	28 MIAMI, FL 33173	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33173	25 MIAMI-DADE	29 FL	30 33173	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
MARSON, ELIZABETH J 2850 DOUGLAS ROAD CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10200 SUNSET DR. 83 MIAMI, FL 33173 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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	1.1 TITLE	
NAME	SALADRIGAS, CARLOS A	1.2 NAME	
STREET ADDRESS	2850 DOUGLAS ROAD	1.3 STREET ADDRESS	10200 SUNSET DR.
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VP	2.1 TITLE	
NAME	SANCHEZ S, JOSE M	2.2 NAME	
STREET ADDRESS	2850 DOUGLAS ROAD	2.3 STREET ADDRESS	} SAME AS ABOVE
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	MARSON, ELIZABETH J	3.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD	3.3 STREET ADDRESS	} SAME AS ABOVE
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	CARLEN, JOHN	4.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	CFO	5.1 TITLE	
NAME	RODRIGUEZ, CARLOS A	5.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD	5.3 STREET ADDRESS	} SAME AS ABOVE
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	} SAME AS ABOVE
CITY-ST-ZIP		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. Queto **WILLIAM F. QUETO** (305) 630-1232
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)