

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-03-1999 90098 017 ***150.00

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

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

65-0745656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10200 SUNSET DRIVE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL 33173

City & State

28

Zip

Country

Zip

Country

24 33173

25 Miami - DADE

29

30

9. Name and Address of Current Registered Agent

**MARSON, ELIZABETH J
2850 DOUGLAS ROAD
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**CEO
SALADRIGAS, CARLOS A
2850 DOUGLAS ROAD
CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME
**VP
SANCHEZ S, JOSE M
2850 DOUGLAS ROAD
CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME
**S
MARSON, ELIZABETH J
2850 DOUGLAS RD
CORAL GABLES FL 33134**

TITLE ☒ DELETE

NAME
**P
CARLEN, JOHN
2850 DOUGLAS RD
CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME
**CFO
RODRIGUEZ, CARLOS A
2850 DOUGLAS RD
CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

10200 SUNSET DR.

1.4 CITY-ST-ZIP

MIAMI, FL 33173

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

} SAME AS ABOVE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

} SAME AS ABOVE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

} SAME AS ABOVE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

} SAME AS ABOVE

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. Ruetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 630-1232
Daytime Phone #

CR2E034 (11/98)