

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharr Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093453 (3)
 1. Corporation Name
VINCAM GOVERNMENT SOLUTIONS, INC.



Principal Place of Business 2850 DOUGLAS ROAD CORAL GABLES FL 33134	Mailing Address 2850 DOUGLAS ROAD CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KEELER, ELIZABETH J (NAME CHANGE ONLY)
2850 DOUGLAS ROAD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ELIZABETH J MARSTON
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 to 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]* **ELIZABETH J. MARSTON, SECRETARY** DATE **4/8/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	CEO		
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	SECRETARY		
2.2 NAME	ELIZABETH J. MARSTON		
2.3 STREET ADDRESS	2850 DOUGLAS ROAD		
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
3.1 TITLE	PRESIDENT		
3.2 NAME	JOHN T. CARLEN		
3.3 STREET ADDRESS	2850 DOUGLAS ROAD		
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
4.1 TITLE	CFO		
4.2 NAME	CARLOS A. RODRIGUEZ		
4.3 STREET ADDRESS	2850 DOUGLAS ROAD		
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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; that 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/24/98** (305) 460-2350

CRE034 (10/97)