

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

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

03-03-1999 90098 007 \*\*\*150.00

0197878

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P97000093453**

1. Corporation Name  
**VINCAM GOVERNMENT SOLUTIONS, INC.**



Principal Place of Business <b>2850 DOUGLAS ROAD CORAL GABLES FL 33134</b>	Mailing Address <b>2850 DOUGLAS ROAD CORAL GABLES FL 33134</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10200 Sunset Dr.</b>		2a. Mailing Address 26 <b>Same</b>		3. Date Incorporated or Qualified <b>10/30/1997</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>APPLIED FOR</b>	
City & State 23 <b>Miami, FL</b>		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33173</b>		Country 25 <b>Miami, Dade</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 29		Country 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

**MARSTON, 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) <b>Same as above</b>
83
84 City <b>FL</b>
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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALADRIGAS, CARLOS A</b>	1.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS ROAD</b>	1.3 STREET ADDRESS	} <b>Same as above</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSTON, ELIZABETH J</b>	2.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS ROAD</b>	2.3 STREET ADDRESS	} <b>Same as above</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLEN, JOHN T</b>	3.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CFO</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, CARLOS A</b>	4.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS ROAD</b>	4.3 STREET ADDRESS	} <b>Same as above</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Asst. Secretary</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>William F. Cueto</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	} <b>Same as above</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	<b>V.P.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Jose M. Sanchez</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	} <b>Same as above</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William F. Cueto**  
**Asst. Secretary**

Date

**(305) 630-1000**

Daytime Phone #

CR2E034 (11/98)