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Secretary of State
03-03-1999 90098 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P97000093453**

1. Corporation Name
VINCAM GOVERNMENT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2850 DOUGLAS ROAD CORAL GABLES FL 33134	2850 DOUGLAS ROAD CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/30/1997

2. Principal Place of Business 21 10200 Sunset Dr.	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, fl.	City & State 28
Zip / Country 24 33173 / 25 Miami-Dade	Zip / Country 29 / 30

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARSTON, ELIZABETH J 2850 DOUGLAS ROAD CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): Same as above 83 84 City: FL — 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SALADRIGAS, CARLOS A		1.2 NAME		
STREET ADDRESS	2850 DOUGLAS ROAD		1.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARSTON, ELIZABETH J		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	P	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLEN, JOHN T		3.2 NAME		
STREET ADDRESS	2850 DOUGLAS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, CARLOS A		4.2 NAME		
STREET ADDRESS	2850 DOUGLAS ROAD		4.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Asst. Secretary	☐ Change ☑ Addition
NAME			5.2 NAME	William F. Cueto	
STREET ADDRESS			5.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	V.P.	☐ Change ☑ Addition
NAME			6.2 NAME	Jose M. Sanchez	
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. Cueto Asst. Secretary _____ (305) 630-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)