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

PROFÍT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000073353

MANULI HYDRAULICS (AMERICAS) INC.

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Principal Place	e of Business	Mailing Address					1 (891(891 1)	IW 19101 WILL WELL W	1811) <b>E</b> BIN WESI1	10000	1194 B1180 1111 1001
8390 NW 53RD STREET SUITE 116 MIAMI FL 33166		8390 NW 53RD STREET Suite 116 Miami Fl 33166					DO NOT WR	ITE IN THIS	SPACE		
US		US					3. Date Incorpora 09/21/1995				
	lace of Business	2a. Mailing Address					4. FEI Number 65-063049	6			Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		—-			00 000049	<u> </u>		<del></del>	Additional
22		27					5. Certificate of S	tatus Desired	X.	•	Required
City & Stat	e	City & State					<ol><li>Election Camp Trust Fund Co</li></ol>		<u>a</u> -	•	May Be do to Fees
Zip	Country 25	Zip 29 3	Cour	ntry			This corporation Personal Property		rent year Int	tangible ☐ Yes	<b>X</b> 100
24	9. Name and Address of Current		<u>~</u> ]				10. Name and Ad		Registered	Agent	
		<u> </u>		81	Name						
	GHES, DANIEL M		}	82	Street A	Address	s (P.O. Box Numbe	r is Not Accept	able)		
3000 FEDERAL HWY									,		
	ig two s Lauderdale FL 3330 <del>6</del>			83							
rit	AUDENDALE FL 33300			84	City				FL	85 Zi	p Code
office or r	to the provisions of Sections 607.0503 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	horized	by t	-named o	corpora oration's	ation submits this si s board of directors	tatement for the	purpose of	changing	its registered registered
SIGNATURE									DATE		
12.	Signature, typed or printed name of registered agent		13.	Agent	signature re	equired wi	ADDITIONS/CH	ANGES TO OF		ID DIREC	TORS IN 12
TITLE	D DELETE 1.1			LE		۵				Chang	e Addition
NAME				1.2 NAME		Gi	ANNELLI 190 NW 14MI, FI	VINCE	NZO		
STREET ADDRESS	8390 N.W. 53RD STREET #116	3	1.3 ST	REET.	ADDRESS	83	90 NW	53RD	STREE	et #	t/16
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST	-ZIP	m	IAMI FI	3214	4		
TITLE	D	☐ DELETE	2.1 TIT	Œ	Į					☐ Chang	e Addition
NAME	FURNESS, ROBERT		2.2 NA		}						ļ
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33306	DELETE	2.4 CI 3.1 TIT		r-zip	<del></del>	<del></del>			Chang	je 🔲 Addition
TITLE	i d   Mazzi, andrea	DUCETE	3.1 III							JJ.lg	
NAME STREET ADDRESS	ACCOUNTY CODD OTDEET MAN	3			ADDRESS						
CITY-ST-ZIP	MIAMI FL	-	3.4. CI		(						
TITLE		☐ DELETE	4.1 TIT						<del></del>	Chang	ge 🔲 Addition
NAME			4. 2 N	ME	-						
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4 4 CF	Y-ST	-ZIP						
TITLE		☐ DELETE	5.1 TIT		Ì					☐ Chang	ge 🗌 Addition
NAME			52 NA								
STREET ADDRESS					ADDRESS						į
CITY-ST-ZIP	<del> </del>		5.4 CIT		-ZIP			<del> </del>		- Charrie	ge Addition
TITLE	J	☐ DELETE	6.1 TIT	LE	ļ					Chang	'e ⊟ vaanou i
			G 2 NA	ME	i						ŀ
NAME STORET ADDRESS			6.2 NA		ADDRESS						

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplindicated on this annual report or supple officer or director of the corporation of Block 12 or Block 13 if changed, or on a

ted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 errequiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a affecting many appears with all other like empowered.

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90002 050 \*\*\*158.75

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