

2090 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90103 035 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # 840444
 1. Entity Name
ISRAEL DISCOUNT BANK LIMITED

Principal Place of Business 511 FIFTH AVE TELE-AVIV IS 10017 US	Mailing Address 511 5TH AVE NEW YORK NY 10017-4903 US
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2. Principal Place of Business 27 Yehuda Halevi Street	3. Mailing Address c/o IDBNY 511 Fifth Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tel-Aviv	City & State New York, NY	4. FEI Number 13-1953609	Applied For Not Applicable
Zip 65136	Country Israel	Zip 10017	Country USA

6. Name and Address of Current Registered Agent
KERBEL, MARCOS
2875 N.E. 191ST STREET
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GREER, LEONARD W 511 FIFTH AVE NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM BENBASSAT, MENACHEM 2875 NE 191TH STREET AVENTURA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM KERBEL, MARCOS 2875 NE 191TH STREET AVENTURA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ESKENAZI, EDMOND 511 FIFTH AVENUE NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BAR-ZIV, HAIM 511 FIFTH AVENUE NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHEER, ARIE 511 FIFTH AVE NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** Date: **4/13/00** (212) 551-8902
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)