

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:14

DOCUMENT # **V17513** (5)
1. Corporation Name
ECI TELECOM AMERICAS INC.

Principal Place of Business: **927 FERN STREET, ALTAMONTE SPRINGS FL 32701**
Mailing Address: **927 FERN STREET, ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **02/27/1992**
3a. Date of Last Report: **03/01/1994**
4. FEI Number: **59-3109750**
Applied For: Not Applicable
5. Certificate of Status Desired: \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SHECH, AHARON
927 FERN STREET
ALTAMONTE SPRINGS FL 32701-2701**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | DC |
| NAME | RUBNER, DAVID |
| STREET ADDRESS | 30 HASIVIM STREET |
| CITY - ST - ZIP | PETAH TIKVA, ISRAEL |
| TITLE | D |
| NAME | KENNEDY, JOHN RICHARD |
| STREET ADDRESS | 120 WOODSTREAM COURT |
| CITY - ST - ZIP | MAITLAND FL |
| TITLE | DP |
| NAME | SSHECH, AHARON |
| STREET ADDRESS | 695 OAK HOLLOW WAY |
| CITY - ST - ZIP | ALTAMONTE SPRINGS FL |
| TITLE | D |
| NAME | BER, SHMUEL |
| STREET ADDRESS | 30 HASIVIM STREET |
| CITY - ST - ZIP | PETAH TIKVA, ISRAEL |
| TITLE | ST |
| NAME | MCVEIGH, CATHY N. |
| STREET ADDRESS | 548 E. LEHIGH DRIVE |
| CITY - ST - ZIP | DELTONA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Shech, Aharon (correct spelling) |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Inbar, Doron |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:  **Aharon Shech, President 407-331-1489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
16 JAN 95