

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V17513 (5)**

1. Corporation Name  
**ECI TELECOM AMERICAS INC.**



Principal Place of Business: **1201 WEST CYPRESS CREEK RD. FT. LAUDERDALE FL 33309**  
Mailing Address: **1201 WEST CYPRESS CREEK RD. FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified <b>02/27/1992</b>	3a. Date of Last Report <b>01/24/1995</b>
4. FEI Number <b>59-3109750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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 <b>Shech, Aharon</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 West Cypress Creek Road</b>
83
84 City <b>Ft. Lauderdale</b>
85 Zip Code <b>FL 33309</b>

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DC RUBNER, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>30 HASIMM STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PETAH TIKVA, ISRAEL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KENNEDY, JOHN RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>120 WOODSTREAM COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP SHECH, AHARON</b>	3.2 NAME	
STREET ADDRESS	<b>695 OAK HOLLOW WAY</b>	3.3 STREET ADDRESS	<b>5255 N. W. 109 Way</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>Coral Springs, FL 33076</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D INBAR, DORON</b>	4.2 NAME	
STREET ADDRESS	<b>30 HASIMM STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PETAH TIKVA, ISRAEL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST MCVEIGH, CATHY N.</b>	5.2 NAME	
STREET ADDRESS	<b>548 E. LEHIGH DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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.

SIGNATURE: **Aharon Shech** Date: **02/01/95** Telephone: **954-351-4490**

CR2E034 (12/95)