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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

**FCI TELECOM AMERICAS INC.** 

**FILED** 

Apr 22 1998 8:00am

Secretary of State

BOT TEEBOON AMERICAN INC.				
Denoted Disco of Projects	Mailing Address		<u>-</u>	
Principal Place of Business Mailing Address			1	
1201 WEST CYPRESS CREEK RD. 1201 WEST CYPRESS CREEK RD. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309				
11. Englishing 12 0000		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified	
*			02/27/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3109750	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	7ip	Country		7.5502.107.000
24 25		30}	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	ne current year intangible  Yes No
9. Name and Address of Curre		30}	10. Name and Address of New Registe	
RIDESTAX ARMANDOX 81 Name				
1201 W CYPRESS CREEK RD			Benzi Laor	
FT LAUDERDALE FL 33309		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
, 1 5 (8 5 5 1 to 1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		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.				
1400	BEN		nal	04/98
SIGNATURE // Signature, typed or plated name of registered ag	ent and title if applicable (NO1E	Registered Agent signature require	ed when reinstating)	ATE
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE DC	☐ DELETE	1.1 TITLE		Change Addition
NAME RUBNER, DAVID		1.2 NAME		÷
STREET ADDRESS 30 HASIVIM STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP PETAH TIKVA, ISRAEL		1.4 CITY-ST-ZIP		
TITLE	DELETÉ	21 TITLE		Change Addition
NAME KENNEDY, JOHN RICHARD		22 NAME		
STREET ADDRESS 120 WOODSTREAM COURT		23 STREET ADDRESS		
CITY-ST-ZIP MAITLAND FL.		2. 4 CiTY+ST+ZIP		
TITLE	<b>▼</b> DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ZINGER, DORON		3.2 NAME		
STREET ADDRESS 30 HASIVIM STREET		3.3 STREE1 ADDRESS		
CITY-ST-ZIP PETAH TIKVA IS		3.4. CITY-ST-ZIP		
TITLE D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition ☐
NAME INBAR, DORON		4. 2 NAME		
STREET ADDRESS 30 HASIVIM STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP PETAH TIKVA, ISRAEL		4.4 CITY-ST-ZIP		
TITLE ST	☐ DELETE	5.1 TITLE		Change Addition
NAME MCVEIGH, CATHY N.		5.2 NAME		
STREET ADDRESS 548 E. LEHIGH DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP DELTONA FL		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-S1-ZIP		6.4 CITY - ST - ZIP	Continue 440 07/9Vil Florida Platitica 15 de	

Indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out; 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 grianged or of 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 grianged or of the receiver of the

16 JELLS BUSHIESS A)M MED 02/23/98 954-351-