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**May 05 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P13407 (2)

1. Corporation Name
CHIQUITA CITRUS PACKERS, INC.



Principal Place of Business C/O TAX DEPARTMENT 250 E FIFTH ST. 27TH FLOOR CINCINNATI OH 45202	Mailing Address C/O TAX DEPARTMENT 250 E FIFTH ST. 27TH FLOOR CINCINNATI OH 45202-4154
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3. Date Incorporated or Qualified 02/27/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 04-2476807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, ANTHONY D.	
STREET ADDRESS	250 EAST FIFTH ST	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WARSHAW, STEVEN G	
STREET ADDRESS	250 EAST FIFTH ST.	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TSACALIS, WILLIAM A.	
STREET ADDRESS	250 EAST FIFTH ST.	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROBERT W. OLSON	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KONDRITZER, GERALD R	
STREET ADDRESS	250 EAST FIFTH ST.	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIGAN, WARREN J.	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY- ST- ZIP	CINCINNATI OH	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Warren J. Ligan** **4/22/97** **(513) 784-8727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)