

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

FILED

**May 15 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 # P21599 (6)

**1. Corporation Name
CHIQUITA TROPICAL PRODUCTS COMPANY**



**Principal Place of Business Mailing Address
C/O TAX DEPARTMENT 250 E FIFTH ST. 27TH FLOOR CINCINNATI OH 45202
C/O TAX DEPARTMENT 250 E FIFTH ST. 27TH FLOOR CINCINNATI OH 45202-4154**

**3. Date Incorporated or Qualified 11/02/1988
3a. Date of Last Report 05/01/1996
4. FEI Number 13-3286313 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 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**

**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 25 29 30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD [] DELETE
NAME ANTHONY D. BATTAGLIA
STREET ADDRESS 250 E 5TH ST.
CITY-ST-ZIP CINCINNATI OH
TITLE VD [] DELETE
NAME TSACALIS, WILLIAM A.
STREET ADDRESS 250 E 5TH ST.
CITY-ST-ZIP CINCINNATI OH
TITLE V [] DELETE
NAME LIGAN, WARREN J.
STREET ADDRESS 250 E FIFTH ST
CITY-ST-ZIP CINCINNATI OH
TITLE VSD [] DELETE
NAME ROBERT W. OLSON
STREET ADDRESS 250 E 5TH ST.
CITY-ST-ZIP CINCINNATI OH
TITLE VT [] DELETE
NAME KONDRITZER, GERALD R
STREET ADDRESS 250 E 5TH ST.
CITY-ST-ZIP CINCINNATI OH
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] 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: [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)