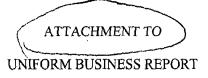
## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90125 021 \*\*\*150.00

DO NOT WRITE IN THIS SPACE  2. Fine-particle-or discovers  Sold Douglas Road  North Tower, 12th Floor  North Tower, 12th	DOCUMENT # P30807  1. Entity Name					
2. Princed Pace of Business 800 Douglas Road  North Tower, 12th Floor  North Tower, 12th Floor  North Tower, 12th Floor  Crys Sow  Coral Gables, FL 33134  Coral Gables, FL 33				8316	510	
County   C	DO NOT WRITI	E IN THIS SP	ACE			
Section   County		3. Mailing Address 800 Douglas	Road			
Coy a State Coral Gables, FL 33134  Coy a Source Coral Gables, FL 33134  Coy a Source Coral Gables, FL 33134  Coy a Source  DO NOT WRITE IN THIS SPACE    Secretificate of Status Desired   Secretificate of Secretificate   Secretificate of Secretificate   Secretificate of Secretificate   Secretificate of Secretificate		North # flower,	12th Floor	DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE    The above named settly subside the southwest for the purpose of changing its registered agent, or book, or b	City & State	City & State Coral Gables	FI. 33134		<del></del>	
DO NOT WRITE IN THIS SPACE    Superant Space   Superant S					\$8.75 Additional	
SCRAIURE  IN THIS SPACE    Cay Plantation   FL   73324	**		Noma	7. Name and Address of Current Rec		
IN THIS SPACE    Cay Plantation   FL   733324	1		CT C	CT CORPORATION SYSTEM		
8. The above named entity submits this statement for the purpose of changing its registored office or registered again, or both, in the State of Morida.  SIGNATURE    Symmetric board   primed more of registered again, or both, in the State of Morida.			1200	1200 South Pine Island Road		
SIGNATURE:    Signature   Suppose	,	-	City 70.		PT Zity-Code 4	
SIGNATURE    Signature   Signa	The above named entity submits this statement to	or the purpose of changing its re	Plan			
9. This corporation is eligible to satisfy its intengible (asking requirement and elects to do so. See criteria on back)  9. This corporation is eligible to satisfy its intengible (asking requirement and elects to do so. After May 1, fee is \$150.00 Amended UBR is \$61.25 (asking requirement and elects to do so. After May 1, fee is \$150.00 Amended UBR is \$61.25 (asking requirement and elects to do so. After May 1, fee is \$150.00 Amended UBR is \$61.25 (asking requirement and elects to do so. After May 1, fee is \$150.00 Make Check Payable to Department of State  11. OPFICERS AND DIRECTORS  12. OPFICERS AND DIRECTORS  13. OPFICERS AND DIRECTORS  14. OPFICERS AND DIRECTORS  15. OPFICERS AND DIRECTORS  16. OPFICERS AND DIRECTORS  16. OPFICERS AND DIRECTORS  17. OPFICERS AND DIRECTOR		or the purpose of changing his re	sgiriorea omice in regions	too agont, or ooth, in the state of Figures		
Tax Bling requirement and elects to do so.   After May 1, Fee is \$550.0	Signature, typed or printed name of registered ager			d when reinstating)	DATE	
THE D/P  El-Naffy, Hani  BOD Douglas Entrance  COTAL Gables, FL 33134  CHY-ST-7P  NAME  SHEET ADDRESS  COTAL Gables, FL 33134  CHY-ST-7P  NAME  SHEET ADDRESS  COTAL Gables, FL 33134  CHY-ST-7P  NAME  THE  T/AS  THE  T/AS  THE  T/AS  THE  T/AS  THE  TOWN-ST-7P  THOMPSON, Peter M.  SHEET ADDRESS  COTAL Gables, FL 33134  CHY-ST-7P  THE  TOWN-ST-7P  THE	Tax filing requirement and elects to do so.  After May 1,  Amended		, Fee is \$550.00 UBR is \$61.25	Trust Fund Contribution.		
MAME SINGELADORESS CITY-ST-7P CORAL Gables, FL 33134  TITLE D/V NAME SINGELADORESS COTAL Gables, FL 33134  TITLE D/V NAME MANE SINGELADORESS COTAL Gables, FL 33134  TITLE D/V NAME MANE SINGELADORESS SINGELADORESS COTAL Gables, FL 33134  TITLE D/V NAME MANE SINGELADORESS CITY-SI-2P TAS THE TY/AS THE TY/AS THE TY/AS THE TY/AS SINGELADORESS SINGELADORESS SINGELADORESS SINGELADORESS SINGELADORESS CITY-SI-2P COTAL Gables, FL 33134  CITY-SI-2P SINGELADORESS CITY-SI-2P COTAL Gables, FL 33134  CITY-SI-2P SINGELADORESS CITY-SI-2P COTAL Gables, FL 33134  CITY-SI-2P SINGELADORESS CITY-SI-2P SINGELADORESS SINGELADORESS CITY-SI-2P COTAL Gables, FL 33134  CITY-SI-2P SINGELADORESS SINGELADORESS SINGELADORESS CITY-SI-2P SINGELADORESS SINGELADORESS SINGELADORESS CITY-SI-2P COTAL Gables, FL 33134  CITY-SI-2P SINGELADORESS SINGELADORES	ID/D					
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Thompson, Peter M.  STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33134  TITLE V/S NAME Pinter, Zoltan STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33134  TITLE NAME STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33134  TITLE STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33134  TITLE STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33134  TITLE STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33134  Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or distate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like approximated.  SIGNATURE:  April 10, 2002  305-520-8056	Coral Gables, FL					
CITY-ST-ZIP  COral Gables, FL 33134  CITY-ST-ZIP  NAME  Pinter, Zoltan  STREET ADDRESS  CITY-ST-ZIP  Coral Gables, FL 33134  CITY-ST-ZIP  13. I 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 report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all their file approximated.  SIGNATURE:  April 10, 2002  305-520-8056	Thompson, Peter M.					
NAME Pinter, Zoltan  STREET ADDRESS CITY- ST- ZIP  Coral Gables, FL 33134  13. Indicated on this report or supplemental 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 distee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other file appeared.  SIGNATURE:  April 10, 2002 305-520-8056			1	•		
STREET ADDRESS CITY- ST- ZIP Coral Gables, FL 33134  13. I 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 report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like appeared.  SIGNATURE:  April 16, 2002 305-520-8056	TITLE V/S	33134	-	>		
13. I 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 report or supplemental 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like appeared.  SIGNATURE:  April 16, 2002 305-520-8056	NAME Pinter, Zoltan	7 Q	B		<i>i</i>	
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SIGNATURE: April 10, 2002 305-520-8056	13. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or bristee em attechment with an address, with the rike of the properties.	h this filing does not qualify for the strue and accurate and that my powerfor to execute this report a processed.	ne exemption stated in Se signature shall have the as required by Chapter 6	ection 119.07(3)(i), Florida Statutes. I furt same legal effect as if made under eath: 07, Florida Statutes; and that my name a	ner certify that the information that I am an officer or director appears in Block 11 or on an	
I BIAMPA MANA	SIGNATURE:		- Apr		5-520-8056	

Zoltan Pinter, Vice President AND SECRETARY

FL210 - 2/26/2002 C T System Online



DEL MONTE FRESH PRODUCE COMPANY DOCUMENT # P30807

## OFFICERS AND DIRECTORS

Title:	V	X - ADDITION
Name:	Tenazas, Marissa R.	<b>\</b>
Street Address:	800 Douglas Entrance	
City – ST- Zip	Coral Gables, FL 33134	
Title:	V	X - ADDITION
Name:	Corredera, Donnalee E.	
Street Address:	800 Douglas Entrance	
City – ST- Zip	Coral Gables, FL 33134	·