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Mar 20 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 # P96000101102 (7)

1. Corporation Name
DEL MONTE FRESH PRODUCE (FLORIDA) INC.



Principal Place of Business: **800 DOUGLAS RD CORAL GABLES FL 33134**
 Mailing Address: **P O BOX 149222 CORAL GABLES FL 33114-9222**

2. Principal Place of Business:
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country

2a. Mailing Address:
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip Country
 29. Zip Country 30.

3. Date Incorporated or Qualified: **12/13/1996**
 3a. Date of Last Report
 4. FEI Number 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

9. Name and Address of Current Registered Agent
JORDAN, BRUCE A
800 DOUGLAS RD
CORAL GABLES FL 33134

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Abu-Ghazaleh, Mohammad
13 STREET ADDRESS	800 Douglas Road
14 CITY-ST-ZIP	Coral Gables, FL 33134
21 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	El-Naffy, Hani
23 STREET ADDRESS	800 Douglas Road
24 CITY-ST-ZIP	Coral Gables, FL 33134
31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Inserra, John F.
33 STREET ADDRESS	800 Douglas Road
34 CITY-ST-ZIP	Coral Gables, FL 33134
41 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Jordan, Bruce A.
43 STREET ADDRESS	800 Douglas Road
44 CITY-ST-ZIP	Coral Gables, FL 33134
51 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Thompson, Peter
53 STREET ADDRESS	800 Douglas Road
54 CITY-ST-ZIP	Coral Gables, FL 33134
61 TITLE	AS/AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Palmese, Daniel
63 STREET ADDRESS	800 Douglas Road
64 CITY-ST-ZIP	Coral Gables, FL 33134

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 is stated 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: Bruce A. Jordan *Bruce A. Jordan* **2/25/97** **(305) 520-8400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002800

CR2E034 (9/96)