

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1996**

4. FEI Number: **APPLIED FOR** 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0402 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABU-GHAZALEH, MOHAMMAD	1.2 NAME	
STREET ADDRESS	800 DOUGLAS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EL-NAFFY, HANNI	2.2 NAME	
STREET ADDRESS	800 DOUGLAS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INSERRA, JOHN F.	3.2 NAME	
STREET ADDRESS	800 DOUGLAS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, BRUCE A.	4.2 NAME	Bradley D. Hornbacher
STREET ADDRESS	800 DOUGLAS RD	4.3 STREET ADDRESS	800 Douglas Road-North Tower, 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PETER	5.2 NAME	
STREET ADDRESS	800 DOUGLAS RD	5.3 STREET ADDRESS	500002542715
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	-06/01/98--01102--035
TITLE	ASAT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMES, DANIEL	6.2 NAME	
STREET ADDRESS	800 DOUGLAS RD	6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

14. 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 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 any attachment with an address.

SIGNATURE: _____ DATE: **01-28-98 (305)520-8400**

CR2E034 (10/97)