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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 # P30807 (2)

1. Corporation Name
DEL MONTE FRESH PRODUCE COMPANY

Principal Place of Business
800 DOUGLAS ENTRANCE
CORAL GABLES FL 33134

Mailing Address
800 DOUGLAS ENTRANCE
CORAL GABLES FL 33114
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1990		3a. Date of Last Report 03/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 56-1529290		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

JORDAN, BRUCE A
800 DOUGLAS ENTRANCE
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
85. Zip Code
FL

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCOD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, ABELARDO J	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	INSERRA, JOHN	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MATOS, RAMON A	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EDMONSON, M B	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JORDAN, BRUCE A	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	THOMPSON, PETER M	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY- ST- ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	El-Naffy, Hani	
1.3 STREET ADDRESS	800 Douglas Entrance	
1.4 CITY- ST- ZIP	Coral Gables, FL 33134	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mancilla Estay, Sergio A.	
2.3 STREET ADDRESS	800 Douglas Entrance	
2.4 CITY- ST- ZIP	Coral Gables, FL 33134	
3.1 TITLE	AS/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Palmese, Daniel	
3.3 STREET ADDRESS	800 Douglas Entrance	
3.4 CITY- ST- ZIP	Coral Gables, FL 33134	
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: Bruce A. Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

Date

(305) 520-8400

Daytime Phone *

0519470

CR2E034 (9/96)