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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90123 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 171517

1. Corporation Name
DEL MONTE FRESH PRODUCE N.A., INC.



Principal Place of Business
**800 DOUGLAS ENTRANCE
 NORTH TOWER
 CORAL GABLES FL 33134
 US**

Mailing Address
**P.O. BOX 149222
 CORAL GABLES FL 33114-9222
 US**

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified
12/15/1952

4. FEI Number
59-0687405

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 the current year Intangible Personal Property Tax. Yes No

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	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	EL-NAFFY, HANI	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDMONSON, M B	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	INSERRA, JOHN F	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HORNbacher, BRADLEY D.	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHERIDAN, WILLIAM	
STREET ADDRESS	50 TICE BLVD.	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FUNK, DANIEL W	
STREET ADDRESS	800 DOUGLAS ENTRANCE	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	M Bryce Edmonson	
1.3 STREET ADDRESS	800 Douglas Road, N Tower, 12th Fl	
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	John F Inserra	
2.3 STREET ADDRESS	800 Douglas Road, N Tower, 12th Floor	
2.4 CITY-ST-ZIP	Coral Gables FL 33134	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

(SEE ATTACHED)

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 an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 04.08.99 DAYTIME PHONE #: 305.520.8435

CR2E034 (1/198)

328731-90123-25

#171517

DEL MONTE FRESH PRODUCE N.A., INC.

Attachment to FL 1999 Annual Report
Document# 171517

ADDITIONS:

(Cont'd)

V

MANCILLA ESTAY, Sergio
800 Douglas Road, N Tower, 12th Floor
Coral Gables FL 33134

V

ELMER, Chris
800 Douglas Road, N Tower, 12th Floor
Coral Gables FL 33134

V

CASAZZA, Michael R.
800 Douglas Road, N Tower, 12th Floor
Coral Gables FL 33134

V

COOPER, Richard
800 Douglas Road, N Tower, 12th Floor
Coral Gables FL 33134

V

ELSIE, Chris
800 Douglas Road, N Tower, 12th Floor
Coral Gables FL 33134

V

WHITE, Peter
800 Douglas Road, N Tower, 12th Floor
Coral Gables FL 33134

V

BOFILL, Maria
800 Douglas Road, N Tower, 12th Floor
Coral Gables FL 33134

TAS

Peter M. Thompson
800 Douglas Road, N Tower, 12th Floor
Coral Gables FL 33134