

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817449 (2)

1. Corporation Name

CHIQUITA BRANDS COMPANY, NORTH AMERICA



Principal Place of Business

Mailing Address

C/O TAX DEPARTMENT
250 E FIFTH ST. 27TH FLOOR
CINCINNATI OH 45202

C/O TAX DEPARTMENT
250 E FIFTH ST. 27TH FLOOR
CINCINNATI OH 45202

3. Date Incorporated or Qualified
10/29/1963

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

04-1348580

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

25

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, CHARLES R	
STREET ADDRESS	250 E. FIFTH ST.	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WARSHAW, STEVEN G.	
STREET ADDRESS	250 EAST FIFTH ST	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TSACALIS, WILLIAM A.	
STREET ADDRESS	250 E. FIFTH ST.	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KONDRITZER, GERALD R.	
STREET ADDRESS	250 E. FIFTH ST.	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STALENHOEF, JOS	
STREET ADDRESS	250 E FIFTH STREET	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CROWE, ROBERT E	
STREET ADDRESS	250 E FIFTH STREET	
CITY - ST - ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert W. Olson	
1.3 STREET ADDRESS	250 East Fifth Street	
1.4 CITY - ST - ZIP	Cincinnati, OH 45202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Warren J. Ligan	
6.3 STREET ADDRESS	250 East Fifth Street	
6.4 CITY - ST - ZIP	Cincinnati, OH 45202	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Warren J. Ligan, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2006

(513) 784-8727

Date

Daytime Phone #

CR2E034 (12/95)