

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

FILED

**May 07 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 # J95543 (1)
1. Corporation Name
CHESTNUT HILL FARMS, INC.



Principal Place of Business 1500 PORT BLVD. DODGE ISLAND MIAMI FL 83132	Mailing Address 1500 PORT BLVD. DODGE ISLAND MIAMI FL 33132-2605
---	--

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

3 Date Incorporated or Qualified 10/05/1987	3a Date of Last Report 04/03/1996
4 FEI Number 59-2851034	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION
1200 SO. PINES ISL RD.
DODGE ISLAND
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 **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	P	<input type="checkbox"/> DELETE
NAME	RODRIGUES, J E	
STREET ADDRESS	9000W 67TH ST	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BECKER, DAVID	
STREET ADDRESS	9000 WEST 67TH STREET	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	ROMERO, RAUL	
STREET ADDRESS	7620 NW 50TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUTUN, MARSHALL L ES	
STREET ADDRESS	ONE POST OFFICE SQUARE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, RICK J	
STREET ADDRESS	9000W 67TH ST	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JACK S	
STREET ADDRESS	9000W 67TH ST	
CITY-ST-ZIP	SHAWNEE MISSION KS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	VP Robert Steer
5.3 STREET ADDRESS	9000 W. 67th Street
5.4 CITY-ST-ZIP	Shawnee Mission, KS 66201
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Treasurer H.H. Bresky
6.3 STREET ADDRESS	1200 S. Pines Isl Rd
6.4 CITY-ST-ZIP	Dodge Island, Plantation, FL 33324

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.

[Handwritten signatures and numbers]

CR2E034 (9/96)

DATA SHEET
Chestnut Hill Farms, Inc.

ANNUAL MEETING: April

FEDERAL I.D. NUMBER: 59-2851034

CORPORATE SEAL: David M. Becker
Marshall L. Tutun

REGISTERED AGENT/OFFICE: C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

PRINCIPAL OFFICE: 1500 Port Blvd.
Miami, Florida 33132
Phone: (305) 530-4700
Fax: (305) 375-0971

QUALIFIED TO DO BUSINESS: Panama
* Currently in the process of qualifying the corporation in Guatemala and Nicaragua.

REMARKS: The initial shareholding of 60 shares were purchased from Seaboard Flour Corporation on December 30, 1988.

NATURE OF BUSINESS: Marketing and sales of fresh produce and frozen shrimp for Seaboard owned farms and third parties