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FILED
May 15 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 # **P21599** (6)
1. Corporation Name
CHIQUITA TROPICAL PRODUCTS COMPANY

Principal Place of Business
**C/O TAX DEPARTMENT
250 E FIFTH ST. 27TH FLOOR
CINCINNATI OH 45202**

Mailing Address
**C/O TAX DEPARTMENT
250 E FIFTH ST. 27TH FLOOR
CINCINNATI OH 45202-4154**

3. Date Incorporated or Qualified 11/02/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 13-3286313	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY D. BATTAGLIA	1.2 NAME	
STREET ADDRESS	250 E 5TH ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	CINCINNATI OH	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSACALIS, WILLIAM A.	2.2 NAME	
STREET ADDRESS	250 E 5TH ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	CINCINNATI OH	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGAN, WARREN J.	3.2 NAME	
STREET ADDRESS	250 E FIFTH ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	CINCINNATI OH	3.4 CITY- ST- ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT W. OLSON	4.2 NAME	
STREET ADDRESS	250 E 5TH ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	CINCINNATI OH	4.4 CITY- ST- ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDRITZER, GERALD R	5.2 NAME	
STREET ADDRESS	250 E 5TH ST.	5.3 STREET ADDRESS	
CITY- ST- ZIP	CINCINNATI OH	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren J. Ligan

4/22/97

Date

(513) 784-8727

Daytime Phone #

0478578

CR2E034 (9/96)