


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

FILED

**Feb 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33114-9222 US
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DO NOT WRITE IN THIS SPACE

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 09/05/1990	
4. FEI Number 56-1529290	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	PCD <input type="checkbox"/> DELETE
NAME	EL-NAFFY, HANI
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	V <input type="checkbox"/> DELETE
NAME	MANCILLA ESTAY, SERGIO 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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bradley D. Hornbacher
5.3 STREET ADDRESS	800 Douglas Entrance-North Tower, 12th Floor
5.4 CITY-ST-ZIP	Coral Gables FL 33134
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 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 _____

01-28-98 (305) 520-8400

CR2E034 (10/97)

DEL MONTE FRESH PRODUCE COMPANY

Attachment to 1998 Annual Return, State of Florida

Additional Officers:

NAME:
Daniel Palmese

TITLE:
Asst Treas & Asst Sec'y