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 # P31011 (0)

1. Corporation Name

CHIQUITA FRUPAC INC.

Principal Place of Business	Mailing Address
% TAX DEPARTMENT 250 EAST FIFTH STREET 27TH FLOOR CINCINNATI OH 45202	% TAX DEPARTMENT 250 EAST FIFTH STREET 27TH FLOOR CINCINNATI OH 45202

2. Principal Place of Business [21] / Suite, Apt #, etc [22] / City & State [23] / Zip [24] / Country [25]

2a. Mailing Address [26] / Suite, Apt #, etc [27] / City & State [28] / Zip [29] / Country [30]

3. Date Incorporated or Qualified: 09/21/1990
3a. Date of Last Report: 03/08/1995
4. FEI Number: 31-1314944 ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

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:
Signature, typed or printed name of registered agent and title if applicable — Profit: Reg. Agent Signature — DATE

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.			13.		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BATTAGLIA, ANTHONY D.		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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TSACALIS, WILLIAM T.		2.2 NAME		
STREET ADDRESS	250 EAST FIFTH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	VSD	☐ Change ☐ Addition
NAME	MORGAN, CHARLES R.		3.2 NAME	Robert W. Olson	
STREET ADDRESS	250 EAST FIFTH STREET		3.3 STREET ADDRESS	250 East Fifth Street	
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	T	☐ DELETE	4.1 TITLE	VT	☒ Change ☐ Addition
NAME	KONDRITZER, GERALD R.		4.2 NAME		
STREET ADDRESS	250 EAST FIFTH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LIGAN, WARREN J.		5.2 NAME		
STREET ADDRESS	250 EAST FIFTH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WARSHAW, STEVEN G.		6.2 NAME		
STREET ADDRESS	250 EAST FIFTH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY-ST-ZIP		

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 — 4/12/96 — (513) 784-8727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)