

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

FILED
Apr 27 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 # P31011 (0)
1. Corporation Name
CHIQUITA FRUPAC INC.

Principal Place of Business % TAX DEPARTMENT 250 EAST FIFTH STREET 27TH FLOOR CINCINNATI OH 45202	Mailing Address % TAX DEPARTMENT 250 EAST FIFTH STREET 27TH FLOOR CINCINNATI OH 45202
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 09/21/1990	
4. FEI Number 31-1314944		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of New Registered Agent	

9. Name and Address of Current 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 85 Zip Code FL	
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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	D BATTAGLIA, ANTHONY D.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 E 5TH ST	12 NAME	
STREET ADDRESS	CINCINNATI OH	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	YD TSACALIS, WILLIAM T.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH STREET	22 NAME	
STREET ADDRESS	CINCINNATI OH	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	VSD OLSON, ROBERT W	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH STREET	32 NAME	
STREET ADDRESS	CINCINNATI OH 45202	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	VT KONDRITZER, GERALD R.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH STREET	42 NAME	
STREET ADDRESS	CINCINNATI OH	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	V LIGAN, WARREN J.	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH STREET	52 NAME	
STREET ADDRESS	CINCINNATI OH	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	V WARSHAW, STEVEN G.	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH STREET	62 NAME	
STREET ADDRESS	CINCINNATI OH	63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

CR2E034 (10/97)