
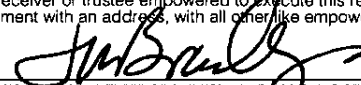


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90174 001 \*\*\*150.00

<b>DOCUMENT # P31011</b> 1. Entity Name <b>CHIQUITA FRUPAC INC.</b>					
Principal Place of Business <b>% TAX DEPARTMENT 250 EAST FIFTH STREET 27TH FLOOR CINCINNATI, OH 45202</b>			Mailing Address <b>% TAX DEPARTMENT 250 EAST FIFTH STREET 27TH FLOOR CINCINNATI, OH 45202</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip			City & State  Zip		
Country			Country		
4. FEI Number <b>31-1314944</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS OLSON, ROBERT W 250 E 5TH ST CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TSACALIS, WILLIAM T. 250 EAST FIFTH STREET CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILEY, JAMES H 250 EAST FIFTH STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP John-A. Orman 250 East Fifth Street Cincinnati, OH 45202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRADLEY, JOSEPH W 250 EAST FIFTH STREET CINCINNATI, OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARQUERO, GUSTAVO F 250 EAST FIFTH STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Robert F. Kistinger 250 East Fifth Street Cincinnati, OH 45202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BYRON, CARLA A 250 E 5TH ST CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT Jeffrey M. Zalla 250 East Fifth Street; Cincinnati, OH 45202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		<b>Joseph W. Bradley</b>		<b>04/27/04 (513) 784-8727</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

14020650

# P31011

**CHIQUITA FRUPAC, INC.**

**Additional Officers**

<u>Officers</u>	<u>Title</u>	<u>Address</u>
Riley, James B.	Vice President	250 East Fifth St. Cincinnati, OH 45202
Freyberger, Kurt A.	Controller	250 East Fifth St. Cincinnati, OH 45202
Mendez, Mario A.	Assistant Controller	250 East Fifth St. Cincinnati, OH 45202
Howland, Barbara M.	Assistant Secretary	250 East Fifth St. Cincinnati, OH 45202