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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31712

(3)

CHIQUITA GULF CITRUS, INC.

FILED
May 05 1997 8:00am
Secretary of State

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Principal Place of Bus	(Deas)	Mailing Address				411 3 11 316 116 117	
C/O TAX DEPARTMENT, 27TH FLOOR 250 E FIFTH ST CINCINNATI OH 45202		C/O TAX DEPARTMENT, 27TH FLOOR 250 E FIFTH 8T CINCINNATI OH 45202-4119					
011011111111111111111111111111111111111		OHOMBATI OT 400	NE-4110		Date Incorporated or Qualified 11/05/1990	3a. Date of Last F 05/01/1996	Report
2. Principal Frace of Business		2a. Mailing Address			4. FEI Number Applied Fo		pplied For
Suite, Apt. #, etc.		26 Suite Apt # ete			31-1304756 Not Applicab		
22 Suite, Apri. #, Etc.		Suite, Apt. #, etc	3.		5. Certificate of Status Desired		Additional equired
City & State		City & State		•	6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zio	Country	Zip	Count	ry	8. This corporation has liability for in		i. 199.032,
4]	25	29	30			Yes No	
	ame and Address of Curre	nt Hegistered Agent	8	1 Nome	10. Name and Address of New Rec	JISTERED Agent	
	RATION SYSTEM		Ľ	1 Name			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			8	82 Street Address (P.O. Box Number is Not Acceptable)		e)	
PLANIALIO	N FL 33324		8	3			
			8	4 City		FL 85 Zip	Code
11. Pursuant to the pr	ovisions of Sections 607.050	02 and 607.1508. Florida \$	Statutes, the abc	ve-named co	prporation submits this statement for the pu	uroose of changing i	ts registered
office or registerer	d agent, or both, in the State ir with, and accept the oblid	e of Florida. Such change rations of Section 607 050	was authorized I	by the corpor	propriation submits this statement for the puration's board of directors. I hereby accept	t the appointment as	registered
— agent Lam tanelia	a visit, and through the comg	simono on occitori por loce	20, I follow otakak	ou.			
SIGNATURE ,	ty, ed or protect han a bling stored a go	ent and title if applicable	(NOTE: Registered A	gent signature req	guirad when reinstating)	DATE	
SIGNATURE Signature		ent and title if applicable	(NOTE: Registered A	gent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
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Warren J. Ligan

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(513) 784-8727