

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90128 034 \*\*\*150.00

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1. Corporation Name

FYFFES BANANAS (NORTH AMERICA), INC.

Principal Place of Business

1401 UNIVERSITY DR  
#305  
CORAL SPRINGS FL 33071  
US

Mailing Address

1401 UNIVERSITY DR  
#305  
CORAL SPRINGS FL 33071  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1993

4. FEI Number

65-0435036

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

GAULT, PETER  
1401 UNIVERSITY DR  
#305  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

K. Dieter Otten

No Change

82 Street Address (P.O. Box Number is Not Acceptable)

1401 University Drive  
Suite 305

83

Coral Springs

FL

85 Zip Code

33071

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

No Change

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

MARTIN, DENNIS G

STREET ADDRESS

2101 W. COMMERCIAL BLVD., SUITE 4400

CITY-ST-ZIP

FT. LAUDERDALE FL 33309

TITLE

D

NAME

GAULT, PETER

STREET ADDRESS

4598 NW 26 AV

CITY-ST-ZIP

BOCA RATON FL 33434

TITLE

D

NAME

MURPHY, TOM G

STREET ADDRESS

19 RAMLEH CLOSE MILLTOWN

CITY-ST-ZIP

DUBLIN 6, 00000

TITLE

D

NAME

K. Dieter Otten

STREET ADDRESS

1401 University Dr #305

CITY-ST-ZIP

Coral Springs, FL 33071

TITLE

D

NAME

K. Dieter Otten

STREET ADDRESS

1401 University Dr #305

CITY-ST-ZIP

Coral Springs, FL 33071

TITLE

D

NAME

K. Dieter Otten

STREET ADDRESS

1401 University Dr #305

CITY-ST-ZIP

Coral Springs, FL 33071

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 12, 1999

CR2E034 (1/98)

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