

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90002 033 ***150.00

DOCUMENT # P93000042181

1. Entity Name
FYFFES BANANAS (NOR TH AMERICA), INC.



Principal Place of Business
10100 W. SAMPLE ROAD
SUITE 405
CORAL SPRINGS, FL 33065 US

Mailing Address
10100 W. SAMPLE ROAD
SUITE 405
CORAL SPRINGS, FL 33065 US

24003268



DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0435036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OTTEN, DIETER
10100 WEST SAMPLE ROAD
SUITE 405
CORAL SPRINGS, FL 33065

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

Dieter Otten

January 12-2004

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MURPHY, TOM G
STREET ADDRESS 19 RAMLEH CLOSE MILLTOWN
CITY-ST-ZIP DUBLIN 6, IR

TITLE D
NAME DIETER, OTTEN K
STREET ADDRESS 10100 WEST SAMPLE ROAD SUITE 405
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D
NAME WALSH, ENDA
STREET ADDRESS 4141 LYBYER AVENUE
CITY-ST-ZIP COCONUT GROVE, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dieter Otten 1-12-04 954-796-4230

Date

Daytime Phone #