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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000101102 (7)

1. Corporation Name
DEL MONTE FRESH PRODUCE (FLORIDA) INC.



Principal Place of Business Mailing Address
800 DOUGLAS RD P O BOX 149222
CORAL GABLES FL 33134 CORAL GABLES FL 33114-9222

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

3. Date Incorporated or Qualified **12/13/1996** 3a. Date of Last Report
 4. FEI Number 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JORDAN, BRUCE A
800 DOUGLAS RD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

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
 1. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 2. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 3. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 4. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 5. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME **D**
 1.3 STREET ADDRESS **Abu-Ghazaleh, Mohammad**
 1.4 CITY-ST-ZIP **800 Douglas Road**
Coral Gables, FL 33134
 2.1 TITLE Change Addition
 2.2 NAME **D/P**
 2.3 STREET ADDRESS **El-Naffy, Hani**
 2.4 CITY-ST-ZIP **800 Douglas Road**
Coral Gables, FL 33134
 3.1 TITLE Change Addition
 3.2 NAME **D**
 3.3 STREET ADDRESS **Inserra, John F.**
 3.4 CITY-ST-ZIP **800 Douglas Road**
Coral Gables, FL 33134
 4.1 TITLE Change Addition
 4.2 NAME **S**
 4.3 STREET ADDRESS **Jordan, Bruce A.**
 4.4 CITY-ST-ZIP **800 Douglas Road**
Coral Gables, FL 33134
 5.1 TITLE Change Addition
 5.2 NAME **T**
 5.3 STREET ADDRESS **Thompson, Peter**
 5.4 CITY-ST-ZIP **800 Douglas Road**
Coral Gables, FL 33134
 6.1 TITLE Change Addition
 6.2 NAME **AS/AT**
 6.3 STREET ADDRESS **Palmese, Daniel**
 6.4 CITY-ST-ZIP **800 Douglas Road**
Coral Gables, FL 33134

14. I do 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 is stated 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 registered agent 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.

SIGNATURE: Bruce A. Jordan *Bruce Jordan* **2/25/97** **(305) 520-8400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002800

CR2E034 (9/96)