


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90123 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101102

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

Principal Place of Business 800 DOUGLAS RD CORAL GABLES FL 33134	Mailing Address P O BOX 149222 CORAL GABLES FL 33114
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/13/1996
21	26	4. FEI Number NOT APPLICABLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29
24	25	30

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ABU-GHAZALEH, MOHAMMAD	1.2 NAME	V John F Inserra
STREET ADDRESS	800 DOUGLAS RD	1.3 STREET ADDRESS	800 Douglas Road, N Tower, 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP EL-NAFFY, HANI	2.2 NAME	D M BRUCE EDMONSON
STREET ADDRESS	800 DOUGLAS RD	2.3 STREET ADDRESS	800 DOUGLAS ROAD, N TOWER, 12 FL
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D INSERRA, JOHN F.	3.2 NAME	D SERGIO MANILLA ESTAY
STREET ADDRESS	800 DOUGLAS RD	3.3 STREET ADDRESS	800 DOUGLAS ROAD, N TOWER, 12 FL
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VS HORNBAACHER, BRADLEY D	4.2 NAME	AS Zoltan Pinter
STREET ADDRESS	800 DOUGLAS RD, NO. TOWER, 12TH FL.	4.3 STREET ADDRESS	800 Douglas Road, N Tower, 12th Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T THOMPSON, PETER	5.2 NAME	AS Deanna McSwain
STREET ADDRESS	800 DOUGLAS RD	5.3 STREET ADDRESS	800 Douglas Road, N Tower, 12th FL
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASAT PALMEE, DANIEL	6.2 NAME	
STREET ADDRESS	800 DOUGLASS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

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 REQUIRED** Date: **04.08.99** (309) 520.8439 Daytime Phone # _____

 M BRUCE EDMONSON, SENIOR Vice President

CR2E034 (11/98)