

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 171517

**Entity Name:** DEL MONTE FRESH PRODUCE N.A., INC.

**Current Principal Place of Business:**

241 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

241 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-0687405

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SR. DIRECTOR, LEGAL  
Name SCHURAD, SUSANNE  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title SR. DIRECTOR, HUMAN RESOURCES  
– NORTH AMERICA  
Name BECKMANN, JOHANNA  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VP, TRANSPORTATION AND  
LOGISTICS  
Name SAVAGE, ROBERT  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VP, OPERATIONS (NORTH AMERICA)  
Name ADAMS, GARY  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VP, SALES, EASTERN REGION  
(NORTH AMERICA)  
Name MCCANN, JOHN  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VP, FRESHCUT SALES AND  
OPERATIONS (NORTH AMERICA)  
Name TESKE, KIRK  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name LE STIR, RONAN  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name NABULSI, ZIAD  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONAN LE STIR.

**TREASURER**

**05/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            JESUS, RODRIGUEZ CALVO  
Address         241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            JESUS, RODRIGUEZ CALVO  
Address         241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title            VP, MARKETING  
Name            PABLO, RIVERO  
Address         241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            GORDON, MARLENE M.  
Address         241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            ZAKHARIA, YOUSSEF  
Address         241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134