

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004185

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC9060096541**

**Entity Name:** DEL MONTE FRESH PRODUCTION, INC.

**Current Principal Place of Business:**

241 SEVILLA AVENUE  
ATTN: LEGAL  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 149222  
ATTN: LEGAL  
CORAL GABLES, FL 33114-9222

**FEI Number:** 65-0873851

**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 S/VP/GC  
Name JORDAN, BRUCE A  
Address 241 SEVILLA AVENUE  
ATTN: LEGAL  
City-State-Zip: CORAL GABLES FL 33134

Title D/P  
Name ZAKHARIA, YOUSSEF  
Address 241 SEVILLA AVENUE  
ATTN: LEGAL  
City-State-Zip: CORAL GABLES FL 33134

Title D/SV  
Name LAZOPOULOS, EMANUEL  
Address 241 SEVILLA AVENUE  
ATTN: LEGAL  
City-State-Zip: CORAL GABLES FL 33134

Title D/SV  
Name RICE, PAUL J  
Address 241 SEVILLA AVENUE  
ATTN: LEGAL  
City-State-Zip: CORAL GABLES FL 33134

Title CFO\SV  
Name CONTRERAS, RICHARD  
Address 241 SEVILLA AVENUE  
ATTN: LEGAL  
City-State-Zip: CORAL GABLES FL 33134

Title VP/T/AS  
Name THOMPSON, PETER M.  
Address 241 SEVILLA AVENUE  
ATTN: LEGAL  
City-State-Zip: CORAL GABLES FL 33134

Title VP/AT  
Name VICENTE, MONICA  
Address 241 SEVILLA AVENUE  
ATTN: LEGAL  
City-State-Zip: CORAL GABLES FL 33134

Title VP/AS  
Name TENAZAS, MARISSA R.  
Address 241 SEVILLA AVENUE  
ATTN: LEGAL  
City-State-Zip: CORAL GABLES FL 33134

*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:** BRUCE A. JORDAN

**SECRETARY**

**02/09/2017**

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

\_\_\_\_\_  
Date