

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P16617 (3)
1. Corporation Name
LIGNUM-2, INC.



Principal Place of Business: 1100 MARINA VILLAGE PKWY. #101 ALAMEDA CA 94501 US
Mailing Address: 1100 MARINA VILLAGE PKWY. #101 ALAMEDA CA 94501 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1615 ALVARADO STREET		26 - SAME -		10/30/1987		04/03/1995	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		94-2994213		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26 Country		31 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
 REMP, AL VICE PRESIDENT, MANUFACTURING 5884 51ST STREET SOUTH, BAYWAY ISLES JACKSONVILLE FL 33715 				81 Name TROPICAL TOBACCO, INC.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3010 N.W. 79th AVENUE			
				83			
				84 City			
				MIAMI			
				85 Zip Code			
				FL 33122			

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 *Ralph Monteco* RALPH MONTECO

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BASS, HENRY E		12 NAME	KEN IRINAGA			
STREET ADDRESS	37 BAY WAY		13 STREET ADDRESS	35 BARBARA DECKER CIR. #1133			
CITY-ST-ZIP	SANRAFAEL CA		14 CITY-ST-ZIP	SAN FRANCISCO, CA 94111			
TITLE	S	<input checked="" type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNES, JAMES P		22 NAME				
STREET ADDRESS	#8 SHANNON COURT		23 STREET ADDRESS				
CITY-ST-ZIP	MORAGA CA		24 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALSO, ALEI		32 NAME				
STREET ADDRESS	34153 DONAHUE TERRACE		33 STREET ADDRESS				
CITY-ST-ZIP	FREMONT CA 94555		34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alei Calso* VICE PRES. 06/20/96 (510-814-6558)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALEI CALSO

CR2E034 (3/96)