

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

FILED

Feb 27 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 # P16617 (3)
1. Corporation Name
LIGNUM-2, INC.



Principal Place of Business: 1615 ALVARADO STREET, SAN LEANDRO CA 94577, US LEANDRO
Mailing Address: 1615 ALVARADO STREET, SAN LEANDRO CA 94577-2636, US LEANDRO

3. Date Incorporated or Qualified: 10/30/1987
3a. Date of Last Report: 06/26/1996
4. FEI Number: 94-2994213
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

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

9. Name and Address of Current Registered Agent
TROPICAL TOBACO, INC
3010 NW 79TH AVENUE
5884 51ST STREET SOUTH, BAYWAY ISLES
MIAMI FL 33122

10. Name and Address of New Registered Agent
81 Name: SERGIO ROTATI
82 Street: 2655 Le Jeune Road, 5th Floor
83 City: Coral Gables, FL 33134
84 Zip Code: 33134

11. Pursuant to the provision of the Florida Statutes, I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent.
Signature: Sergio Rotati (2/14/97)

above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.
Registered Agent signature required when reinstating: _____ DATE: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRINAGA, KEN	1.2 NAME	
STREET ADDRESS	3 EMBARCADERO CTR 1133	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALSO, ALEJ	2.2 NAME	
STREET ADDRESS	34153 DONAHUE TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FREMONT CA 94555	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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.

SIGNATURE: *Alejo Calso* (REQUIRED) 2/19/97 (510) 347-6000
Date: 2/19/97 Daytime Phone #: (510) 347-6000

CR2E034 (9/96)