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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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

94-2094213

Applied For

Not Applicable

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  
Florida Statutes ☐ Yes ☒ No

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

82 Street

83 City

84 Zip Code

SERGIO ROTATI  
2655 Le Jeune Road, 5th Floor  
Coral Gables, FL 33134

11. Pursuant to the provision  
of the corporation's board of directors, I hereby accept the appointment as registered  
agent. I am familiar with

SIGNATURE

Signature typed

Sergio Rotati

I, 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.

TITLE PD ☐ DELETE

NAME IRINAGA, KEN  
STREET ADDRESS 3 EMBARCADERO CTR 1133  
CITY-ST-ZIP SAN FRANCISCO CA

TITLE VP ☐ DELETE

NAME CALSO, ALEI  
STREET ADDRESS 34153 DONAHUE TERRACE  
CITY-ST-ZIP FREMONT CA 94555

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

(510) 347-6000

Date

Daytime Phone #

CR2E034 (9/96)