2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098600

Entity Name: FSM 602 CORPORATION

STEINER, CLAUDIA

1320 SOUTH DIXIE HWY STE 280

CORAL GABLES, FL 33146

Name:

Address: City-St-Zip: FILED Feb 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1320 SOUTH DIXIE HWY STE 280 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 1320 SOUTH DIXIE HWY STE 280 CORAL GABLES, FL 33146 FEI Number: 47-0931439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANCHEZ DE VARONA, RAUL J 1320 SOUTH DIXIE HWY STE 280 CORAL GABLES, FL 33146 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DE STEINER, INES S Name: Name: 1320 SOUTH DIXIE HWY STE 280 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: Title: () Delete () Change () Addition Name: STEINER, PATRICIA Name: 1320 SOUTH DIXIE HWY STE 280 Address: Address: CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition STEINER, JORGE Name: Name: 1320 SOUTH DIXIE HWY STE 280 Address: Address: CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition STEINER, ROBERTO Name: Name: Address: 1320 SOUTH DIXIE HWY STE 280 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: INES STEINER D 02/02/2004