

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M87999

(2)

1. Corporation Name

KOS PHARMACEUTICALS, INC.

Principal Place of Business

C/O DANIEL M. BELL
1001 S BAYSHORE DR STE 2502
MIAMI FL 33131

Mailing Address

C/O DANIEL M. BELL
1001 S BAYSHORE DR STE 2502
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0064174

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 tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, DANIEL M.
1001 S BAYSHORE DR
SUITE 2502
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DC
JAHARIS, MICHAEL
1925 BRICKELL AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JAHARIS, MARY
1925 BRICKELL AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JAHARIS, STEVEN
2800 LAKE SHORE DR.
CHICAGO IL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JAHARIS, KATHRYN
185 E. 85TH ST.
NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BELL, DANIEL M.
1001 S. BAYSHORE DRIVE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 as the preparer of the report or as the person authorized 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 in an addition thereto.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #