

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M87999** (2)

1. Corporation Name
KOS HOLDINGS, 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 33131-4940**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1988		3a. Date of Last Report 03/22/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0064174		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
23. Zip		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHARIS, MICHAEL	1.2 NAME	Jaharis Ledes, Kathryn
STREET ADDRESS	1925 BRICKELL AVE.	1.3 STREET ADDRESS	110 Riverside Dr. #P-AA
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	New York, NY 10024
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHARIS, MARY	2.2 NAME	Bell, Daniel M.
STREET ADDRESS	1925 BRICKELL AVE.	2.3 STREET ADDRESS	1001 Brickell Bay Dr, St. 2502
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHARIS, STEVEN	3.2 NAME	
STREET ADDRESS	2800 LAKE SHORE DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	3.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHARIS, KATHRYN	4.2 NAME	
STREET ADDRESS	185 E. 85TH ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	4.4 CITY- ST- ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DANIEL M.	5.2 NAME	
STREET ADDRESS	1001 S. BAYSHORE DRIVE, #2502	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JUAN F	6.2 NAME	
STREET ADDRESS	1001 S. BAYSHORE DRIVE, #2502	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	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

Juan Rodriguez

4/16/97 305 577-3464

Date

Daytime Phone #

CR2E034 (9/96)