

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90131 039 ***150.00

DOCUMENT # P96000053994

1. Corporation Name
KOS PHARMACEUTICALS, INC.

Principal Place of Business
1001 SOUTH BAYSHORE DR.
SUITE 2502
MIAMI FL 33131

Mailing Address
1001 SOUTH BAYSHORE DR.
SUITE 2502
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0670898

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1001 Brickell Bay Dr.

2a. Mailing Address

26 1001 Brickell Bay Dr.

Suite, Apt. #, etc.

22 25th Floor

Suite, Apt. #, etc.

27 25th Floor

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Bell, Daniel M.

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

1001 Brickell Bay Drive

83 25th Floor

84 City

Miami

FL

85 Zip Code
33131

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

TITLE D ☐ DELETE
NAME JAHARIS, MICHAEL
STREET ADDRESS 1001 SOUTH BAYSHORE DR., #2502
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE
NAME BELL, DANIEL M
STREET ADDRESS 1001 SOUTH BAYSHORE DR., #2502
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE
NAME JAHARIS, STEVEN
STREET ADDRESS 2800 LAKE SHORE DR., #2316
CITY-ST-ZIP CHICAGO IL 60657

TITLE D ☐ DELETE
NAME WHITEMORE, FREDERICK B
STREET ADDRESS 1251 AVE OF THE AMERICAS, 23FL
CITY-ST-ZIP NEW YORK NY 10020

TITLE D ☐ DELETE
NAME BRADEMAS, JOHN
STREET ADDRESS 53 WASHINGTON SQ S 3RD FL
CITY-ST-ZIP NEW YORK NY 10012-1098

TITLE D ☐ DELETE
NAME LASAGNA, LOUIS C
STREET ADDRESS 3538 ALBEMARLE ST, NW
CITY-ST-ZIP BOSTON MA 20008

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 1001 Brickell Bay Drive
1.3 STREET ADDRESS 25th Floor
1.4 CITY-ST-ZIP Miami, FL 33131

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 1001 Brickell Bay Drive
2.3 STREET ADDRESS 25th Floor
2.4 CITY-ST-ZIP Miami, FL 33131

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0189725

CR2E034 (11/98)