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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **L71220** (2)
1. Corporation Name
OSIRIS HOLDING OF FLORIDA, INC.

Principal Place of Business: 1701 ALTON RD, 8751 WEST BROWARD BLVD, MIAMI BEACH FL 33139 US
Mailing Address: 383 STREET RD. EAST, 8751 WEST BROWARD BLVD, TREVOSE PA 19053 US

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address: 26 4126 NORLAND AVENUE
27 Suite, Apt. #, etc.
28 BURNABY, B.C.
29 Zip
30 V5G 3S8
31 Country
32 CANADA

3. Date Incorporated or Qualified: 05/08/1990
3a. Date of Last Report: 04/12/1995
4. FEI Number: 65-0206312
Applied For: Not Applicable
5. Certificate of Status Desired: YP \$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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, LAWRENCE	
STREET ADDRESS	383 STREET ROAD EAST	
CITY - ST - ZIP	TREVOSE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHANE, WILLIAM	
STREET ADDRESS	383 STREET ROAD EAST	
CITY - ST - ZIP	TREVOSE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3190 TREMONT AVENUE	
1.4 CITY - ST - ZIP	ZIP = 19053	
2.1 TITLE	VST CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3190 TREMONT AVENUE	
2.4 CITY - ST - ZIP	ZIP = 19053	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOEWEN, RAYMOND L.	
3.3 STREET ADDRESS	4126 NORLAND AVENUE	
3.4 CITY - ST - ZIP	BURNABY, B.C., CANADA, V5G 3S8	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HYNDMAN, PETER S.	
4.3 STREET ADDRESS	4126 NORLAND AVENUE	
4.4 CITY - ST - ZIP	BURNABY, B.C., CANADA, V5G 3S8	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: _____ PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321

CR2E034 (12/95)

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6/13/96