

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
1701 ALTON RD 4126 NORLAND AVENUE
8751 WEST BROWARD BLVD. BURNABY, B.C. CANADA V5G3S8
MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified 05/08/1990
3a. Date of Last Report 05/10/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 65-0206312 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

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 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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME MILLER, LAWRENCE STREET ADDRESS 3190 TREMONT AVENUE CITY-ST-ZIP TREVOSE PA 19053	<input type="checkbox"/> DELETE	1.1 TITLE VP 1.2 NAME Paul Wainberg 1.3 STREET ADDRESS 3190 Tremont Avenue 1.4 CITY-ST-ZIP Trevose, PA 19053-6693	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VST NAME SHANE, WILLIAM STREET ADDRESS 3190 TREMONT AVENUE CITY-ST-ZIP TREVOSE PA 19053	<input type="checkbox"/> DELETE	2.1 TITLE VP/CFO 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LOEWEN, RAYMOND L STREET ADDRESS 4126 NORLAND AVENUE CITY-ST-ZIP BURNABY, B.C. CANADA V5G3S8	<input type="checkbox"/> DELETE	3.1 TITLE S/T 3.2 NAME Douglas I. Kinzer 3.3 STREET ADDRESS 1895 West Commercial Blvd. 3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HYNDMAN, PETER S STREET ADDRESS 4126 NORLAND AVENUE CITY-ST-ZIP BURNABY, B.C. CANADA V5G3S8	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Peter Gray STREET ADDRESS 3190 Tremont Avenue CITY-ST-ZIP Trevose, PA 19053-6693	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Frank Milles STREET ADDRESS 3190 Tremont Avenue CITY-ST-ZIP Trevose, PA 19053-6693	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter S. Hyndman 1/13/97 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)