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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 4126 NORLAND AVENUE BURNABY, B.C. CANADA V5G3S8 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/08/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0206312	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, LAWRENCE	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA 19053	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	SHANE, WILLIAM	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRAY, PETER	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLES, FRANK	
STREET ADDRESS	3190 TREMONT AVE	
CITY-ST-ZIP	TREVOSE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFFREY L, CASHNER	
2.3 STREET ADDRESS	801 TEAS ROAD	
2.4 CITY-ST-ZIP	CONROE, TX 77303	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 officer 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 03/23/98 (604) 299-9321

CR2E034 (10/97)