PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71220

OSIRIS HOLDING OF FLORIDA, INC.

Principal Place of Business 1701 ALTON RD 8751 WEST 3ROWARD BLVD. MIAMI BEACH FL 33139 Mailing Address

4126 NORLAND AVENUE BURNABY, B.C. CANADA V5G3S8

US

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90012 036 ***150.00



DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualifed

00						" (05/08/1990			
2. Principal P	lace of Business	2a. Mailing Address					FEI Nı mber			Apriled For
21 45	80 SW 8TH STREET	26			(65-0206312			Not Applicable	
Suite, Act.	#, etc.	Suite, Apt. #, etc.					Certifcate of Status Desired		\$8.7	5 A iditional
22		27				5.	Certicate of Status Desired		Fee	Recluired
City & Stat	8	City & State				6.	Election Campaign Financing		\$5.0)0 May Be
23	MIAMI, FL	28				Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	Zip	Cour	ntry		8.	This corporation owes the current y	ear nt		
24 .33	134 25 U.S.A. 9. Name and Address of Current	29	30				Personal Property Tax.		☐ Yes	_ ⊒No
		81		10.	10. Name and Address of New Registers d Agent					
CT CODDODATION SYSTEM					Name					
CT CORPORATION SYSTEM				82 Street Address (P.O. Bo) Number is Not Acceptable)						
1200 S. PINE ISLAND ROAD										
PLANTATION FL 33324										
			ŀ	84	City				85 Z	ip Code
					•			<u>_FL</u>	. [
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statut	es, the at	ove	-named o	corporation	submits this statement for the purp	ose of	changing	its registered
agent. I a	m familiar with, and accept the obligat	ons of, Section 607 0505, FID	rida Statu	ıtes.	.ne corpo	OKALION S DO	ard or arrectors. Thereby accept the	appoi	tititient as	registored
SIGNATURE	•									}
	Signature, typed or printed name of registered agent			Agent	signature re	eq iired when rei		STA		
12.	OFFICERS ANI		13.				DDITIONS/CHANGES TO OFFICE	RS AN		
TITLE	VP	(X) DELETE	1.1 TIT	LE		D			Chang	ge 🔀 Addition
NAME	MILLER, LAWRENCE		1.2 NA	ME			WAGLER			
STREET ADORESS	3190 TREMONT AVENUE		1.3 STF	REET	ADDRESS	4126	NORLAND AVENUE			
CITY-ST-ZIP			1.4 CiT	1.4 CITY-ST-ZIP		BURN	IABY, B.C., CANADA V5G	3S3		
TITLE	0	☐ DELETE	2.1 TIT	LE		P			X Chang	ge 🗌 Addition
NAME	Cashner, Jeffrey L.		2.2 NA	ME						
STREET ADDRESS	801 TEAS ROAD		2.3 STF	REET	ADDRESS					
CITY-ST-ZiP	CONROE TX 77303		2. 4 CI	2. 4 CITY-ST-ZIP						
TITLE	D	₩ DELETE	3.1 TIT	LΕ		۷P			Chang	ge 🔀 Addition
NAME	LOEWEN, RAYMOND L		3.2 NA	ME		MICH	AEL G. WEEDON			
STREET ADDRESS	4126 NORLAND AVENUE		3.3 ST	REET	ADDRESS	4126	NORLAND AVENUE			
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S	38	3,4, CIT	TY-ST	ſ-ZIP	BURN	ABY, B.C., CANADA V5G	3 S 8		
TITLE	ASD	☐ DELETE	4,1 TIT	LE		VP			☐ Chang	ge 🔀 Addition
NAME	HYNDMAN, PETER S		4. 2 NA	ME		ROBE	RT B. LUNDGREN			
STREET ADDRESS	4126 NORLAND AVENUE		4.3 STF	REET	ADDRESS	4126	NORLAND AVENUE			
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S	38	4,4 CIT	Y-ST	-ZiP	BURN	ABY, B.C., CANADA V50	358		
TITLE	VP	☐ DELETE	5.1 TIT	LE		VP			Chang	ge 🎇 Addition
NAME	GRAY, PETER		5.2 NA	ME		SEAN	M. GILCHRIST			
STREET ADDRESS			5.3 STF	REET	ADDRESS		TEAS ROAD			
CITY-ST-ZIP	TREVOSE PA		5.4 CIT	Y-ST	-ZiP	CONR	OE, TX 77303			
TITLE	VP	X) DELETE	6.1 TIT	LE		ST			☐ Chang	ge 🛣 Addition
NAME	MILLES, FRANK		6.2 NA	ME		GEOR	GE M. AMATO			
STREET ADDRESS			6.3 STF	REET	ADDRESS	4145	-58TH STREET			
CITY-ST-ZIP	TREVOSE PA		6.4 CIT	Y-ST	-ZIP	WOOD	SIDE, NY 11377			

14. I herety certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.01(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 12 or Block 12 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIPMETERS. HYNDMAN

April 20, 1999

(604) 299-9321

Date

Daytime Phone #