

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:24

DOCUMENT # **548118** (9)

1. Corporation Name
BACTRIA CORP.

Principal Place of Business Mailing Address

**C/O THE MERRIN GALLERY
724 FIFTH AVENUE, 3RD FLOOR
NEW YORK NY 10019
US**

**C/O THE MERRIN GALLERY
724 FIFTH AVENUE, 3RD FLOOR
NEW YORK NY 10019
US**

2. Principal Place of Business 2a. Mailing Address

21 **C/O THE MERRIN GALLERY** 26 **C/O THE MERRIN GALLERY**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/03/1977** 3a. Date of Last Report **02/22/1994**

4. FEI Number **59-1787293** 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

**BIENENFELD, HARRIET
4101 PINETREE DR #1402
MIAMI BEACH 33140**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 _____ (Type or printed name of registered agent and title if applicable) (SOLE Registered Agent signature required when rechartering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	DOLGIN, FLORENCE
STREET ADDRESS	SO EAST 89TH STREET
CITY- ST- ZIP	NEW YORK NY
TITLE	P
NAME	MERRIN, VIVIAN
STREET ADDRESS	285 CENTRAL PARK WEST
CITY- ST- ZIP	NEW YORK NY
TITLE	VPD
NAME	MERRIN, JEREMY
STREET ADDRESS	50 RIVERSIDE DR 12B
CITY- ST- ZIP	NEW YORK NY
TITLE	TD
NAME	MERRIN, SAMUEL
STREET ADDRESS	340 WEST 57TH STREET
CITY- ST- ZIP	NEW YORK NY
TITLE	D
NAME	MERRIN, SETH
STREET ADDRESS	155 WEST 70TH ST 12D
CITY- ST- ZIP	NEW YORK NY
TITLE	D
NAME	BRONSTEIN, ESTHER
STREET ADDRESS	270 WEST END AVE 3W
CITY- ST- ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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	<input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.13.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: _____ **SAMUEL MERRIN, TREASURER** 2/15/95 757-2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR