

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **10/03/1977** 3a. Date of Last Report **02/21/1995**  
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

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 30 Country

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  
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 607.1503, 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 of the person who is authorized to sign this report on behalf of the corporation. (If the Registered Agent is authorized to sign, the signature should be of the Registered Agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLGIN, FLORENCE</b>	1.2 NAME	
STREET ADDRESS	<b>50 EAST 89TH STREET</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRIN, VIVIAN</b>	2.2 NAME	
STREET ADDRESS	<b>285 CENTRAL PARK WEST</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRIN, JEREMY</b>	3.2 NAME	
STREET ADDRESS	<b>50 RIVERSIDE DR 12B</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRIN, SAMUEL</b>	4.2 NAME	
STREET ADDRESS	<b>340 WEST 57TH STREET</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRIN, SETH</b>	5.2 NAME	
STREET ADDRESS	<b>155 WEST 70TH ST 12D</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRONSTEIN, ESTHER</b>	6.2 NAME	
STREET ADDRESS	<b>270 WEST END AVE 3W</b>	6.3 STREET ADDRESS	<b>205 W. 89TH ST. - 3H</b>
CITY-STATE-ZIP	<b>NEW YORK NY</b>	6.4 CITY-STATE-ZIP	<b>NEW YORK, NY</b>

14. I 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 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 as an attachment with an address.

SIGNATURE: *SM* *Samuel Merrin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SAMUEL MERRIN, TREASURER/DIRECTOR**  
Date: **1/23/96** 212-757-2884  
Date of Filing:

CR2E034 (12/95)