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Jan 22 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 # 548118 (9)

1. Corporation Name
BACTRIA CORP.

Principal Place of Business
C/O THE MERRIN GALLERY
724 FIFTH AVENUE, 3RD FLOOR
NEW YORK NY 10019
US

Mailing Address
C/O THE MERRIN GALLERY
724 FIFTH AVENUE, 3RD FLOOR
NEW YORK NY 10019-4106
US



3. Date Incorporated or Qualified 10/03/1977 3a. Date of Last Report 02/06/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1787293

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BIENEFELD, HARRIET
4101 PINETREE DR #402
MIAMI BEACH 33140

10. Name and Address of New Registered Agent

81 Name

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

4101 PINETREE DR (NO NUMBER)

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 8 ☐ DELETE

NAME
DOLGIN, FLORENCE
STREET ADDRESS
50 EAST 89TH STREET
CITY-ST-ZIP
NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME
MERRIN, VIVIAN
STREET ADDRESS
285 CENTRAL PARK WEST
CITY-ST-ZIP
NEW YORK NY

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME
MERRIN, JEREMY
STREET ADDRESS
50 RIVERSIDE DR 12B
CITY-ST-ZIP
NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME
MERRIN, SAMUEL
STREET ADDRESS
340 WEST 57TH STREET
CITY-ST-ZIP
NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME
MERRIN, SETH
STREET ADDRESS
155 WEST 70TH ST 12D
CITY-ST-ZIP
NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME
BRONSTEIN, ESTHER
STREET ADDRESS
205 W. 89TH ST. 3H
CITY-ST-ZIP
NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Samuel Merrin* SAMUEL MERRIN
TREASURER/DIRECTOR 1/7/97 212-757-288X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)