


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30, 1999 8:00am
Secretary of State

01-30-1999 90008 033 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 548118					
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 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1977	
21		26		4. FEI Number 59-1787293	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent BIENENFELD, HARRIET 4101 PINETREE DRIVE 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		
85 Zip Code			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME S DOLGIN, FLORENCE			1.2 NAME		
STREET ADDRESS SO EAST 89TH STREET			1.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME P MERRIN, VIVIAN			2.2 NAME		
STREET ADDRESS 285 CENTRAL PARK WEST			2.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VPD MERRIN, JEREMY			3.2 NAME		
STREET ADDRESS 50 RIVERSIDE DR 12B			3.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TD MERRIN, SAMUEL			4.2 NAME		
STREET ADDRESS 340 WEST 57TH STREET			4.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D MERRIN, SETH			5.2 NAME		
STREET ADDRESS 155 WEST 70TH ST 12D			5.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D BRONSTEIN, ESTHER			6.2 NAME		
STREET ADDRESS 205 W. 89TH ST-3H			6.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED **SAMUEL MERRIN**

1/13/99 212-757-2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)