FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 HERRIN GALLERY 724 FIFTH AVENUE, 3RD FLOOR NEW YORK NY 10019 US

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business (21)
2a. Mailing Address (26): C/O THE MERRIN GALLERY
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

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 607.1508, 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
(Signature, typed or printed name of registered agent and the date as required) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE		☐ Change ☐ Addition
NAME	DOLGIN, FLORENCE	12 NAME		
STREET ADDRESS	50 EAST 69TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	MERRIN, VIVIAN	22 NAME		
STREET ADDRESS	285 CENTRAL PARK WEST	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	MERRIN, JEREMY	32 NAME		
STREET ADDRESS	50 RIVERSIDE DR 12B	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	MERRIN, SAMUEL	42 NAME		
STREET ADDRESS	340 WEST 57TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MERRIN, SETH	52 NAME		
STREET ADDRESS	155 WEST 70TH ST 12D	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BRONSTEIN, ESTHER	62 NAME		
STREET ADDRESS	270 WEST END AVE 3W	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 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 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, TREASURER 2/15/95 212 757-2884
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Telephone Number

0300044 FP