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Secretary of State

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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	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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/03/1977

4. FEI Number: 59-1787293 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 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 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 title if applicable. (NOTE: Registered Agent signature required when reinstating).

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	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	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	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	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	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	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	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	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	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	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	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 REQUIR 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)