

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SE MAY -1 AM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V72531** (9)
CHOLDERM INC.

Principal Place of Business: 47 EAST 68TH STREET SUITE 1911 NEW YORK NY 10021 US
Mailing Address: 47 EAST 68TH STREET C/O MITCHELL J MANDEL NEW YORK NY 10021 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date of Incorporation (2 digit)	3a. Date of 1994 Report
21. 47 EAST 68th Street	26. 47 EAST 68th Street	10/09/1992	05/01/1994
22. State: NY	27. State: NY	4. FEI Number	Applied For / Not Applicable
23. City: New York, NY	28. City: New York, NY	65-0366236	
24. Zip: 10021	29. Zip: 10021	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country: USA	30. Country: USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		7. This corporation has liability for registration fee under S. 199.012, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GROSS, GAIL 7735 NW 79TH AVE APT - 311 TAMARAC FL 33321	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code

11. Pursuant to the provisions of Sections 199.012 and 199.013, 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 definitions of Sections 199.012, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME: PD MANDEL, MITCHELL J M.D.	1. NAME	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
2. STREET ADDRESS: 3300 NE 191ST ST., SUITE 1911	2. STREET ADDRESS		
3. CITY, ST, ZIP: AVENTURA FL	3. CITY, ST, ZIP		
4. NAME: D WACHTER, DAVID S	4. NAME	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
5. STREET ADDRESS: 20 EAST 74TH ST., APT. 3A	5. STREET ADDRESS		
6. CITY, ST, ZIP: NEW YORK NY	6. CITY, ST, ZIP		
7. NAME: D LAFF, CHARLES A	7. NAME	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
8. STREET ADDRESS: 1048 WEST WEBSTER AVE.	8. STREET ADDRESS		
9. CITY, ST, ZIP: CHICAGO IL	9. CITY, ST, ZIP		
10. NAME:	10. NAME	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
11. STREET ADDRESS:	11. STREET ADDRESS		
12. CITY, ST, ZIP:	12. CITY, ST, ZIP		
13. NAME:	13. NAME	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
14. STREET ADDRESS:	14. STREET ADDRESS		
15. CITY, ST, ZIP:	15. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.013(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 manager or trustee thereof covered by this report as required by Chapter 199, Florida Statutes, and that my name appears on the list of officers, directors, managers, trustees or shareholders of the corporation.

SIGNATURE: *Mitchell J. Mandel* 4/28/95 212-570-9595
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR