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

APPROVED AND FILED
95 MAY -1 AM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V72531 (9)

1. Corporation Name

CHOLDERM INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0366236 — 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

	2. Principal Place of Business		2a. Mailing Address
21	47 EAST 68th Street	26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: New York, NY	28	City & State
24	Zip: 10021	29	Zip
25	Country: USA	30	Country

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 — 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANDEL, MITCHELL J M.D. 3300 NE 191ST ST., SUITE 1911 AVENTURA FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WACHTER, DAVID S 20 EAST 74TH ST., APT. 3A NEW YORK NY	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAFF, CHARLES A 1048 WEST WEBSTER AVE. CHICAGO IL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 — Date

212-570-9595 — Daytime Phone #

0396165 FP