

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 218709 (4)
1. Corporation Name
BALOGH'S OF CORAL GABLES, INC.

VENDOR #	_____
DUE DATE	_____
DISCOUNT	_____
CL #	AMOUNT
_____	_____



Principal Place of Business
**242 MIRACLE MILE
242 MIRACLE MILE
CORAL GABLES FL 33134
US**

Mailing Address
**242 MIRACLE MILE
242 MIRACLE MILE
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified 12/31/1958	3a. Date of Last Report 04/11/1995
4. FEI Number 59-0876541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**BALOGH, ROBERT B
777 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent
81 Name **Getz, Samuel A.**
82 Street Address (P.O. Box Number is Not Acceptable)
283 Catalonia Avenue
83
84 City **Coral Gables** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0402 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, Sections 607.0405, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when incorporating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PDT	<input type="checkbox"/>
NAME	BALOGH, MICHAEL	
STREET ADDRESS	242 MIRACLE MILE	
CITY-STATE-ZIP	CORAL GABLES, FL 00000	
TITLE	VPSD	<input type="checkbox"/>
NAME	BALOGH, MICHAEL L	
STREET ADDRESS	242 MIRACLE MILE	
CITY-STATE-ZIP	CORAL GABLES, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	DPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Getz, Samuel A.		
13 STREET ADDRESS	283 Catalonia Avenue		
14 CITY-STATE-ZIP	CORAL GABLES FL 33134		
21 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	ARNO, ROBERT J.		
23 STREET ADDRESS	45 ROCKEFELLER PLAZA		
24 CITY-STATE-ZIP	NEW YORK, NY		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated 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 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

CR2E034 (12/95)