


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
FILED

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97 JUN 30 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 214603 1. Corporation Name MIAMI INTERNATIONAL AIRPORT PHARMACY, INC. 1996-1997 ANNUAL REPORT		
Principal Place of Business Mailing Address Inc. P.O. Box 996070 P.O. Box 996070 Miami International Airport Miami Int. Arpt Miami, FL 33299 Miami, FL 33299		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1958		3a. Date of Last Report 04/15/95	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0859684		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent Stadnik, John 485 Deer Run Miami Springs, FL 33166				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Stadnik, John			1.2 NAME	800002228808		
STREET ADDRESS	485 Deer Run Miami Springs			1.3 STREET ADDRESS	-07/02/97-01043-005		
CITY-ST-ZIP	FL 33166	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	****365.00 ****365.00		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Stadnik

June 23, 97 (305)876-0556

Date

Daytime Phone #

CR2E034 (9/96)

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**John Stadnik Registered Pharmacist**

45 Curtiss Parkway, Miami Springs, Fla. 33166  
Miami Springs Pharmacy & Museums  
Bus. 888-5259 - Res. 888-3865 - Fax 863-9618

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

June 23, 1997

To Whom It May Concern:

Attached is filing document #214603 and check #1064 for \$365.00 for the years 1996-97 from Miami International Airport Pharmacy, Inc., doing business as Terminal Rexall Pharmacy as instructed by Amy Alan on June 19, 1997.

Please note change of box number to P.O. Box 996070.

If more information is needed, please let us know. Thanks for your help.

Sincerely,

John Stadnik  
President  
Miami International Airport  
Pharmacy, Inc.

encl. 2

P.O. BOX 996070  
MIAMI INT. AIRPORT  
MIAMI FLA. 33299