

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

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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
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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 Miami International Airport Miami, FL 33299	P.O. Box 996070 Miami Int. Arpt Miami, FL 33299

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/13/1958	04/15/95
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-0859684	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		6. 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		10. Name and Address of New Registered Agent	
Stadnik, John 485 Deer Run Miami Springs, FL 33166		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	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stadnik, John	1.2 NAME	800002228808-0
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: *John Stadnik* John Stadnik June 23, 97 (305)876-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

A. Alan
6/30/97

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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