

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000005903 (6)

1. Corporation Name

TRUCK MASTERS USA, INC.



Principal Place of Business

Mailing Address

11213 SW 165TH TERRACE
MIAMI FL 33157

11213 SW 165TH TERRACE
MIAMI FL 33157

3. Date Incorporated or Qualified
01/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 211 6TH STREET SW

26 211 6TH STREET S.W.

4. FEI Number
59-3293533

Applied For
Not Applicable

Suite, Apt. #, etc

Suite Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 WINTER HAVEN FL.

28 WINTER HAVEN FL.

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

24 33880

25 POLK

29 33880

30 POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEBERMAN, ARNOLD L
121 SE FIRST STREET
STE. 507
MIAMI FL 33131

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when changing agent)

(Date)

12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	RODRIGUEZ, JESUS C		
STREET ADDRESS	11213 SW 165TH TERRACE		
CITY - ST - ZIP	MIAMI FL 33157		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	RODRIGUEZ, JORGE L		
STREET ADDRESS	12530 SW 187TH STREET		
CITY - ST - ZIP	MIAMI FL 33177		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jesus C. Rodriguez JESUS C. RODRIGUEZ

6/11/95

941-2933399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)