

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

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050014
 1. Corporation Name
U.S.A TRUCK CORP

Principal Place of Business	Mailing Address
8755 NW 27 Ave Miami, FL 33147	

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.	June 10, 1996	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Country	65-0672494	Not Applicable
24	25	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Mr. ANTONIO SANCHEZ 5665 W 20 Ave, No. 111 Hialeah, FL 33012		81 Name	ROBERTO MAURICIO SALAS
		82 Street Address (P.O. Box Number is Not Acceptable)	535 W 30 St
		83	
		84 City	Miami Beach, FL
		85 Zip Code	33010

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]* 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	P/D <input checked="" type="checkbox"/> DELETE	11 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS SANCHEZ	12 NAME	ROBERTO MAURICIO SALAS
STREET ADDRESS	4855 W 76 St	13 STREET ADDRESS	535 W 30 St
CITY-ST-ZIP	Hialeah, FL 33014	14 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	S/D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO SANCHEZ	22 NAME	
STREET ADDRESS	5665 W 20 Ave, No. 111	23 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL 33012	24 CITY-ST-ZIP	
TITLE	T/D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO CRUZ	32 NAME	
STREET ADDRESS	495 W 12 St	33 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL 33010	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	200002208132
STREET ADDRESS		53 STREET ADDRESS	-06/11/97--01003--014
CITY-ST-ZIP		54 CITY-ST-ZIP	***61.75
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	05
STREET ADDRESS		63 STREET ADDRESS	6/2/97
CITY-ST-ZIP		64 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 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 register 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]* DATE: **5/26/97** DAYLINE PHONE #: **691 1900**
Signature typed or printed name of signing officer or director

CP2E034 (9/96)