
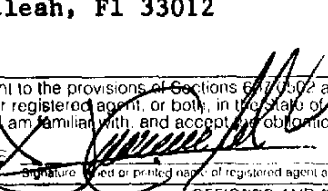
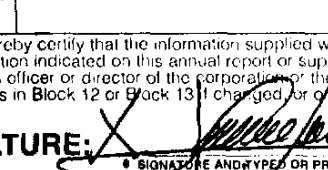


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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	
<b>DOCUMENT #</b> P96000050014 1. Corporation Name <b>U.S.A TRUCK CORP</b>			
Principal Place of Business <b>8755 NW 27 Ave Miami, Fl 33147</b>		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>June 10, 1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0672494</b>		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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>Mr. ANTONIO SANCHEZ 5665 W 20 Ave, No. 111 Hialeah, Fl 33012</b>		10. Name and Address of New Registered Agent 81 Name <b>ROBERTO MAURICIO SALAS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>535 W 30 St</b> 83 84 City <b>Miami Beach, Fl</b> 85 Zip Code <b>33010</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P/D</b> <input checked="" type="checkbox"/> DELETE NAME <b>LUIS SANCHEZ</b> STREET ADDRESS <b>1055 W 76 St</b> CITY-STATE-ZIP <b>Hialeah, Fl 33014</b>		11 TITLE <b>P/S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME <b>ROBERTO MAURICIO SALAS</b> 13 STREET ADDRESS <b>535 W 30 St</b> 14 CITY-STATE-ZIP <b>Miami Beach, Fl 33140</b>	
TITLE <b>S/D</b> <input checked="" type="checkbox"/> DELETE NAME <b>ANTONIO SANCHEZ</b> STREET ADDRESS <b>5665 W 20 Ave, No. 111</b> CITY-STATE-ZIP <b>Hialeah, Fl 33012</b>		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	
TITLE <b>T/D</b> <input checked="" type="checkbox"/> DELETE NAME <b>ALFREDO CRUZ</b> STREET ADDRESS <b>495 W 12 St</b> CITY-STATE-ZIP <b>Hialeah, Fl 33010</b>		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-STATE-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 officer 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: 		5/26/97 691 1900 Date Daytime Phone #	

CR2E034 (9/96)