

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070311

Entity Name: INTERSTATE TOURS, INC.**Current Principal Place of Business:**5556 SYCAMORE CANYON DR
KISSIMMEE, FL 34758**Current Mailing Address:**P.O. BOX 421289
KISSIMMEE, FL 34742 US**FEI Number:** 59-3468225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PUENTES, JOSUE S
5556 SYCAMORE CANYON DR
KISSIMMEE, FL 34758 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	PUENTES, SAUL J
Address	5556 SYCAMORE CANYON DR
City-State-Zip:	KISSIMMEE FL 34758

Title	VP
Name	PUENTES, NUBIA A
Address	5556 SYCAMORE CANYON DR
City-State-Zip:	KISSIMMEE FL 34758

Title	CCO
Name	PUENTES, JAIME A
Address	5556 SYCAMORE CANYON DR
City-State-Zip:	KISSIMMEE FL 34758

Title	CFO
Name	PUENTES, GIOVANNA M
Address	5556 SYCAMORE CANYON DR
City-State-Zip:	KISSIMMEE FL 34758

Title	COO
Name	PUENTES, JOSUE S
Address	5556 SYCAMORE CANYON DR
City-State-Zip:	KISSIMMEE FL 34758

Title	CTO
Name	PUENTES, ALVARO C
Address	5556 SYCAMORE CANYON DR
City-State-Zip:	KISSIMMEE FL 34758

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSUE PUENTES

COO

04/25/2015

Electronic Signature of Signing Officer/Director Detail_____
Date