

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000059544

Entity Name: EUROP ASSISTANCE NORTH AMERICA, INC.**Current Principal Place of Business:**880 SW 145TH AVENUE
#400
PEMBROKE PINES, FL 33027**Current Mailing Address:**880 SW 145TH AVENUE
#400
PEMBROKE PINES, FL 33027 US**FEI Number:** 77-0722182**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 PRESIDENT
Name JAMES CARNICELLI, CHRIS
Address 28 LIBERTY STREET
 SUITE 3040
City-State-Zip: NEW YORK NY 10005Title VP, TREASURER
Name MARTINI, JOHN EUGENE
Address 28 LIBERTY STREET
 SUITE 3040
City-State-Zip: NEW YORK NY 10005Title SECRETARY
Name COLLINS, JOHN MILTON
Address 28 LIBERTY STREET
 SUITE 3040
City-State-Zip: NEW YORK NY 10005Title DIRECTOR
Name PARISI, ANTOINE
Address 2 RUE PILLET-WILL
City-State-Zip: 753309 PARIS CEDEX 09 FRANCETitle SECRETARY
Name FOUAD AJAMI, TARIK
Address 28 LIBERTY STREET,
 SUITE 3040
City-State-Zip: NEW YORK NY 10005

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: TARIK FOUAD AJAMI**SECRETARY****07/12/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date