

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059544

Entity Name: EUROP ASSISTANCE NORTH AMERICA, INC.**Current Principal Place of Business:**880 SW 145TH AVE #400
PEMBROKE PINES, FL 33027**Current Mailing Address:**880 SW 145TH AVE #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, CEO, DIRECTOR
Name JAMES CARNICELLI, CHRIS
Address 7 WORLD TRADE CENTER
250 GREENWICH STREET 33RD
FLOOR
City-State-Zip: NEW YORK NY 10007

Title SECRETARY
Name COLLINS, JOHN MILTON
Address 7 WORLD TRADE CENTER
250 GREENWICH STREET 33RD
FLOOR
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR
Name PARISI, ANTOINE
Address 2 RUE PILLET-WILL
City-State-Zip: 753309 PARIS CEDEX 09 FRANCE

Title VP, TREASURER, DIRECTOR
Name MARTINI, JOHN EUGENE
Address 33 FLOOR 7 WORLD TRADE CENTER
250 GREENWICH STREET
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR
Name BEMPORAD, SIMONE
Address 2 RUE PILLET-WILL
City-State-Zip: 75309 PARIS CEDEX 09 FRANCE

Title DIRECTOR
Name LE BERRE, JEAN-YVES
Address 2 RUE PILLET-WILL
City-State-Zip: CEDEX 09 PARIS 75309

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: JOHN M. COLLINS**SECRETARY****04/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date