

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059544

Entity Name: EUROP ASSISTANCE NORTH AMERICA, INC.**Current Principal Place of Business:**880 SW 145TH AVE
SUITE 400
PEMBROKE PINES, FL 33027**Current Mailing Address:**880 SW 145TH AVE
SUITE 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, DIRECTOR
Name	CARNICELLI, CHRIS JAMES
Address	28 LIBERTY STREET SUITE 3040
City-State-Zip:	NEW YORK NY 10005

Title	TREASURER
Name	ARNOUX, CYRILLE
Address	9797 AERO DR SUITE 300
City-State-Zip:	SAN DIEGO CA 92123

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

Title	SECRETARY
Name	COLLINS, JOHN MILTON
Address	28 LIBERTY STREET SUITE 3040
City-State-Zip:	NEW YORK NY 10005

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

Title	DIRECTOR
Name	BABINET, VIRGINIE
Address	2 RUE PILLET-WILL CEDEX 09
City-State-Zip:	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 MILTON COLLINS**SECRETARY****01/08/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date