

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, DIRECTOR
Name	JAMES CARNICELLI, CHRIS
Address	28 LIBERTY STREET SUITE 3040
City-State-Zip:	NEW YORK NY 10005

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

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

Title	TREASURER
Name	JEAN-LOUIS KERUZORE, BENOIT OLIVIER
Address	9797 AERO DRIVE SUITE 300
City-State-Zip:	SAN DIEGO CA 92123

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

Title	DIRECTOR
Name	LE BERRE, JEAN-YVES
Address	2 RUE PILLET-WILL
City-State-Zip:	PARIS CEDEX 09 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****09/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date