

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N10000002255

**Entity Name:** LAWYERS TO THE RESCUE CORPORATION

**Current Principal Place of Business:**

1 ALHAMBRA PLAZA  
PENTHOUSE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1 ALHAMBRA PLAZA  
PENTHOUSE  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-2139670

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARONFELD, SPENCER  
1 ALHAMBRA PLAZA  
PENTHOUSE  
CORAL GABLES, FL 33134 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:** SPENCER ARONFELD

05/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR, CHAIRMAN
Name	ARONFELD, SPENCER
Address	1 ALHAMBRA PLAZA PENTHOUSE
City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR
Name	CUETO, SANTIAGO A
Address	4000 PONCE DE LEON BLVD. SUITE 470
City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR, VP
Name	GENOVA, ANTHONY
Address	COURTHOUSE TOWER 44 WEST FLAGLER STREET SUITE 2075
City-State-Zip:	MIAMI FL 33130
Title	DIRECTOR, VP
Name	HAYASHI, MATTHIAS
Address	1 ALHAMBRA PLAZA PENTHOUSE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR, SECRETARY
Name	BRITT, MARCO D
Address	11767 S. DIXIE HIGHWAY SUITE 246
City-State-Zip:	PINECREST FL 33156
Title	DIRECTOR
Name	CHEVALLIER, GINA
Address	2600 S DOUGLAS ROAD SUITE 507
City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR
Name	POLIAKOFF, PAYTON
Address	1 ALHAMBRA PLAZA PENTHOUSE
City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR
Name	AMAYA, EDMAR
Address	1 ALHAMBRA PLAZA PENTHOUSE
City-State-Zip:	CORAL GABLES FL 33134

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARCO D BRITT

**DIRECTOR**

05/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR, PRESIDENT  
Name               MARYANOFF, RIANA  
Address            1 ALHAMBRA PLAZA  
                      PENTHOUSE  
City-State-Zip:   CORAL GABLES FL 33134

Title               DIRECTOR, TREASURER  
Name               HOOVER, JOHN M  
Address            1 ALHAMBRA PLAZA  
                      PENTHOUSE  
City-State-Zip:   CORAL GABLES FL 33134

Title               DIRECTOR  
Name               MILAN, ARAMIS  
Address            1 ALHAMBRA PLAZA  
                      PENTHOUSE  
City-State-Zip:   CORAL GABLES FL 33134

Title               DIRECTOR  
Name               SAIZ, ALEX  
Address            6355 NW 36 ST  
                      SUITE 605  
City-State-Zip:   MIAMI FL 33166