

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002255

**Entity Name:** LAWYERS TO THE RESCUE CORPORATION**Current Principal Place of Business:**3132 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134**Current Mailing Address:**3132 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US**FEI Number:** 27-2139670**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARONFELD, SPENCER  
3132 PONCE DE LEON BLVD.  
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

03/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name ARONFELD, SPENCER  
Address 3132 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, VP  
Name BRITT, MARCO D  
Address 11767 S. DIXIE HIGHWAY  
SUITE 246  
City-State-Zip: PINECREST FL 33156

Title DIRECTOR  
Name CHEVALLIER, GINA  
Address 2701 PONCE DE LEON BLVD.  
SUITE 300  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name POLIAKOFF, PAYTON  
Address 3132 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, PRESIDENT  
Name KOTLER, SCOTT  
Address 66 W FLAGLER ST.  
SUITE 600  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name CUETO, SANTIAGO A  
Address 4000 PONCE DE LEON BLVD.  
SUITE 470  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GENOVA, ANTHONY  
Address COURTHOUSE TOWER 44 WEST  
FLAGLER STREET  
SUITE 2075  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name HAYASHI, MATTHIAS  
Address 3132 PONCE DE LEON BLVD.  
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**

03/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SANCHEZ, JENNIFER  
Address 66 W FLAGLER ST.  
SUITE 600  
City-State-Zip: MIAMI FL 33130  
  
Title DIRECTOR  
Name MARYANOFF, RIANA  
Address 3132 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name AMAYA, EDMAR  
Address 3132 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134  
  
Title DIRECTOR  
Name MILAN, ARAMIS  
Address 3132 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134