| B1 (Official Form 1)(4/10)                                                                                   |                         |                                  |                                    |                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                 |               |                      |
|--------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------|-----------------|---------------|----------------------|
| U                                                                                                            | nited S<br>Sout         |                                  |                                    | ruptcy<br>of Florio                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                | Volu            | ntary         | Petition             |
| Name of Debtor (if individual, enter I U.S. DISTRIBUTORS, INC.                                               | Last, First, N          | Middle):                         |                                    |                                     | Name                                 | of Joint De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ebtor (Spouse)                    | (Last, First   | , Middle):      |               |                      |
| All Other Names used by the Debtor i (include married, maiden, and trade na                                  | n the last 8 ames):     | years                            |                                    |                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | used by the J<br>maiden, and      |                |                 | rears         |                      |
| Last four digits of Soc. Sec. or Individe (if more than one, state all) 65-0483266                           | lual-Taxpay             | er I.D. (I                       | TIN) No./(                         | Complete E                          | IN Last fo                           | our digits of than one, state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f Soc. Sec. or                    | Individual-    | Гахрауег I.D.   | (ITIN) No     | o./Complete EIN      |
| Street Address of Debtor (No. and Street Address of Debtor (No. and Street 1000 MacArthur Causeway Miami, FL |                         | d State):                        |                                    | ZIP Code                            |                                      | Address of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Joint Debtor                      | (No. and Str   | reet, City, and | l State):     | ZIP Code             |
|                                                                                                              |                         |                                  | Г                                  | 33132                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                 |               | ZIP Code             |
| County of Residence or of the Princip<br>Miami-Dade                                                          | al Place of l           | Business                         |                                    | J3132                               | Count                                | y of Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nce or of the                     | Principal Pla  | ace of Busine   | ss:           |                      |
| Mailing Address of Debtor (if different P.O. Box 330076 Miami, FL                                            | nt from stree           | et address                       | s):                                |                                     | Mailir                               | g Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of Joint Debto                    | or (if differe | nt from street  | address):     |                      |
| Wilailii, i L                                                                                                |                         |                                  |                                    | ZIP Code                            |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                 |               | ZIP Code             |
|                                                                                                              | 5.1                     |                                  |                                    | 33233                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                 |               |                      |
| Location of Principal Assets of Busine (if different from street address above)                              | ess Debtor<br>):        | 38                               | an Juan,                           | PK                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                 |               |                      |
| Type of Debtor                                                                                               |                         |                                  | Nature o                           | of Business                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Chapter                           | of Bankrup     | tcy Code Ur     | nder Whic     | h                    |
| (Form of Organization)                                                                                       |                         |                                  | `                                  | one box)                            |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | etition is Fi  | led (Check o    | ne box)       |                      |
| (Check one box)                                                                                              |                         |                                  | th Care Bu<br>le Asset Re          | siness<br>al Estate as              | defined                              | ☐ Chapt☐ |                                   | ПС             | hapter 15 Peti  | ition for Re  | ecognition           |
| ☐ Individual (includes Joint Debtors)                                                                        |                         | in 11                            | U.S.C. § 1                         |                                     | delilled                             | Chapt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                | a Foreign M     |               |                      |
| See Exhibit D on page 2 of this for                                                                          |                         | ☐ Railr ☐ Stocl                  |                                    |                                     |                                      | ☐ Chapt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | ☐ CI           | hapter 15 Peti  | ition for Re  | ecognition           |
| Corporation (includes LLC and LL                                                                             | _P)                     | _                                | modity Bro                         | oker                                |                                      | ☐ Chapter 13 of a Foreign Nonmain Proceeding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                | ceeding         |               |                      |
| Partnership                                                                                                  |                         |                                  | ring Bank                          |                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                 |               |                      |
| Other (If debtor is not one of the above check this box and state type of entity by                          |                         | Othe                             |                                    | . =                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                | e of Debts      |               |                      |
|                                                                                                              |                         |                                  |                                    | mpt Entity<br>, if applicable       |                                      | Debts a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | re primarily co                   | ,              | ,               | Debts         | are primarily        |
|                                                                                                              |                         |                                  | or is a tax-                       | exempt org                          | anization                            | defined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | l in 11 U.S.C. §                  | 101(8) as      |                 |               | ess debts.           |
|                                                                                                              |                         |                                  |                                    | of the Unite                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ed by an indivional, family, or l |                |                 |               |                      |
| Filing Fee (Chec                                                                                             | ek one hov)             |                                  | (une interi                        |                                     |                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Chan                              | ter 11 Debte   | ore             |               |                      |
| Full Filing Fee attached                                                                                     | ck one box)             |                                  |                                    |                                     | one box:<br>Debtor is a sr           | nall business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | debtor as defin                   |                |                 |               |                      |
| ☐ Filing Fee to be paid in installments (ap                                                                  | nnlicable to ir         | ndividuale                       | only) Must                         |                                     |                                      | a small busin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ness debtor as d                  | efined in 11 U | J.S.C. § 101(51 | D).           |                      |
| attach signed application for the court's                                                                    | consideration           | n certifyin                      | g that the                         | Clicck                              |                                      | regate nonco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ntingent liquida                  | ted debts (exc | ·luding debts o | wed to insid  | ers or affiliates)   |
| debtor is unable to pay fee except in in Form 3A.                                                            | stallments. Ru          | ule 1006(t                       | o). See Offic                      |                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                 |               | e years thereafter). |
| ☐ Filing Fee waiver requested (applicable                                                                    | e to chapter 7          | individua                        | ls only). Mu                       |                                     | all applicable                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | atoto o catato o                  |                |                 |               |                      |
| attach signed application for the court's                                                                    |                         |                                  |                                    | B.       A                          |                                      | of the plan w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ere solicited pro                 | epetition from | one or more c   | lasses of cre | ditors,              |
|                                                                                                              | ,                       |                                  |                                    | i                                   | n accordance                         | with 11 U.S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S.C. § 1126(b).                   |                | an Lan La Fo    | D. GOVIDE I   |                      |
| Statistical/Administrative Informati  Debtor estimates that funds will be                                    |                         | or distrib                       | oution to ur                       | secured cre                         | editors.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | THIS           | SPACE IS FO     | R COURT (     | JSE ONLY             |
| Debtor estimates that, after any exthere will be no funds available for                                      | empt proper             | rty is exc                       | luded and                          | administrat                         |                                      | es paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                |                 |               |                      |
| Estimated Number of Creditors                                                                                | , –                     | 1                                | _                                  |                                     | _                                    | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                |                 |               |                      |
|                                                                                                              | 200- 1,                 | ,000-<br>,000                    | 5,001-<br>10,000                   | 10,001-<br>25,000                   | □<br>25,001-<br>50,000               | 50,001-<br>100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OVER<br>100,000                   |                |                 |               |                      |
| Estimated Assets                                                                                             | , –                     |                                  | _                                  | _                                   | _                                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                |                 |               |                      |
|                                                                                                              |                         | ]<br>1,000,001                   | \$10,000,001                       | \$50,000,001                        | \$100,000,001                        | \$500,000,001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | More than                         |                |                 |               |                      |
| \$50,000 \$100,000 \$500,000 to                                                                              | o \$1 to                | \$10<br>illion                   | to \$50<br>million                 | to \$100<br>million                 | to \$500<br>million                  | to \$1 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1 billion                       |                |                 |               |                      |
| Estimated Liabilities                                                                                        |                         |                                  | _                                  | _                                   | _                                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                |                 |               |                      |
| \$50,000 \$100,000 \$500,000 to                                                                              | 500,001 \$1<br>o \$1 to | ]<br>1,000,001<br>\$10<br>illion | \$10,000,001<br>to \$50<br>million | \$50,000,001<br>to \$100<br>million | \$100,000,001<br>to \$500<br>million | \$500,000,001<br>to \$1 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                |                 |               |                      |

Case 11-26316-RAM Doc 1 Filed 06/13/11 Page 2 of 29

6/13/11 4:52PM

| B1 (Official For                                          | m 1)(4/10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                                                                                                        | Page 2                                                                                                                                                                                                                                              |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Voluntar                                                  | y Petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Debtor(s): U.S. DISTRIBUTOR                                                                                                                                                                                                                                                                                                                      | S INC                                                                                                                                                                                                                                               |
| (This page mu                                             | st be completed and filed in every case)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.5. DISTRIBUTOR                                                                                                                                                                                                                                                                                                                                         | 5, ING.                                                                                                                                                                                                                                             |
| , 10                                                      | All Prior Bankruptcy Cases Filed Within Las                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t 8 Years (If more than two                                                                                                                                                                                                                                                                                                                              | , attach additional sheet)                                                                                                                                                                                                                          |
| Location<br>Where Filed:                                  | - None -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Case Number:                                                                                                                                                                                                                                                                                                                                             | Date Filed:                                                                                                                                                                                                                                         |
| Location<br>Where Filed:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Case Number:                                                                                                                                                                                                                                                                                                                                             | Date Filed:                                                                                                                                                                                                                                         |
| Pe                                                        | nding Bankruptcy Case Filed by any Spouse, Partner, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Affiliate of this Debtor (If                                                                                                                                                                                                                                                                                                                             | more than one, attach additional sheet)                                                                                                                                                                                                             |
| Name of Debt                                              | or:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Case Number:                                                                                                                                                                                                                                                                                                                                             | Date Filed:                                                                                                                                                                                                                                         |
| District:                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Relationship:                                                                                                                                                                                                                                                                                                                                            | Judge:                                                                                                                                                                                                                                              |
|                                                           | Exhibit A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (T- 11-4-1:6 d-14                                                                                                                                                                                                                                                                                                                                        | Exhibit B an individual whose debts are primarily consumer debts.)                                                                                                                                                                                  |
| forms 10K a<br>pursuant to S<br>and is reque              | oleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 sting relief under chapter 11.)  A is attached and made a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I, the attorney for the petition have informed the petition 12, or 13 of title 11, United                                                                                                                                                                                                                                                                | oner named in the foregoing petition, declare that I er that [he or she] may proceed under chapter 7, 11, 1 States Code, and have explained the relief available further certify that I delivered to the debtor the notice 2(b).                    |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                     |
| ☐ Yes, and ☐ No.  (To be comp ☐ Exhibit If this is a join | leted by every individual debtor. If a joint petition is filed, ead D completed and signed by the debtor is attached and made not petition:  D also completed and signed by the joint debtor is attached a   Information Regarding (Check any appropriate of the petition or for the petition | chibit D ch spouse must complete a a part of this petition.  and made a part of this petition and made a part of this petition at the Debtor - Venue oplicable box) al place of business, or prin a longer part of such 180 deneral partner, or partnershi cipal place of business or prin in the United States but is the interests of the parties with | nd attach a separate Exhibit D.)  ion.  cipal assets in this District for 180 ays than in any other District.  p pending in this District.  rincipal assets in the United States in a defendant in an action or a defendant in regard to the relief |
|                                                           | Certification by a Debtor Who Reside<br>(Check all app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          | ial Property                                                                                                                                                                                                                                        |
|                                                           | Landlord has a judgment against the debtor for possession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          | ox checked, complete the following.)                                                                                                                                                                                                                |
|                                                           | (Name of landlord that obtained judgment)  (Address of landlord)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                     |
|                                                           | Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment.  Debtor has included in this petition the deposit with the co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for possession, after the jud                                                                                                                                                                                                                                                                                                                            | gment for possession was entered, and                                                                                                                                                                                                               |
|                                                           | after the filing of the petition.  Debtor certifies that he/she has served the Landlord with t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | his certification (11 U.S.C.                                                                                                                                                                                                                                                                                                                             | \$ 362(I))                                                                                                                                                                                                                                          |

B1 (Official Form 1)(4/10) Page 3

## Voluntary Petition

(This page must be completed and filed in every case)

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 $\mathbf{X}$ 

Signature of Debtor

 $\mathbf{X}$  .

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

## Signature of Attorney\*

### X /s/ David F. Anderson, ESQ

Signature of Attorney for Debtor(s)

#### David F. Anderson, ESQ

Printed Name of Attorney for Debtor(s)

#### David F. Anderson, P.A.

Firm Name

7735 N.W. 146th Street Suite 205 Miami Lakes, FL 33016-1582

Address

Email: danderson@dfalaw.com

305-825-4052 Fax: 305-819-3447

Telephone Number

June 13, 2011

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

## X /s/ James G. Confalone

Signature of Authorized Individual

## James G. Confalone

Printed Name of Authorized Individual

#### President

Title of Authorized Individual

June 13, 2011

Date

Name of Debtor(s):

U.S. DISTRIBUTORS, INC.

## Signatures

### Signature of a Foreign Representative

6/13/11 4:52PM

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code.

  Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

## Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

**B4** (Official Form 4) (12/07)

## United States Bankruptcy Court Southern District of Florida

| In re | U.S. DISTRIBUTORS, INC. |           | Case No. |    |
|-------|-------------------------|-----------|----------|----|
|       |                         | Debtor(s) | Chapter  | 11 |

#### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

| (1)                                                                      | (2)                                                                                                                                                             | (3)                                                                         | (4)                                                                           | (5)                                                                 |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of creditor and complete<br>mailing address including zip<br>code   | Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted | Nature of claim (trade<br>debt, bank loan,<br>government contract,<br>etc.) | Indicate if claim is contingent, unliquidated, disputed, or subject to setoff | Amount of claim [if secured, also state value of security]          |
| AVIGNON REALTY, INC.<br>77 Harbor Drive<br>#30<br>Key Biscayne, FL 33149 | AVIGNON REALTY, INC.<br>77 Harbor Drive<br>#30<br>Key Biscayne, FL 33149                                                                                        | Grumman<br>Seaplane, and<br>Various Seaplane<br>parts                       |                                                                               | 34,967.00<br>(289,265.00<br>secured)<br>(343,967.00<br>senior lien) |
|                                                                          |                                                                                                                                                                 |                                                                             |                                                                               |                                                                     |
|                                                                          |                                                                                                                                                                 |                                                                             |                                                                               |                                                                     |
|                                                                          |                                                                                                                                                                 |                                                                             |                                                                               |                                                                     |
|                                                                          |                                                                                                                                                                 |                                                                             |                                                                               |                                                                     |
|                                                                          |                                                                                                                                                                 |                                                                             |                                                                               |                                                                     |
|                                                                          |                                                                                                                                                                 |                                                                             |                                                                               |                                                                     |
|                                                                          |                                                                                                                                                                 |                                                                             |                                                                               |                                                                     |
|                                                                          |                                                                                                                                                                 |                                                                             |                                                                               |                                                                     |

6/13/11 4:52PM

| B4 (Offi | cial Form 4) (12/07) - Cont. |          |  |
|----------|------------------------------|----------|--|
| In re    | U.S. DISTRIBUTORS, INC.      | Case No. |  |
|          | Debtor(s)                    | _        |  |

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

| (1)                                                                    | (2)                                                                                                                                                             | (3)                                                                         | (4)                                                                           | (5)                                                        |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------|
| Name of creditor and complete<br>mailing address including zip<br>code | Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted | Nature of claim (trade<br>debt, bank loan,<br>government contract,<br>etc.) | Indicate if claim is contingent, unliquidated, disputed, or subject to setoff | Amount of claim [if secured, also state value of security] |
|                                                                        |                                                                                                                                                                 |                                                                             |                                                                               |                                                            |
|                                                                        |                                                                                                                                                                 |                                                                             |                                                                               |                                                            |
|                                                                        |                                                                                                                                                                 |                                                                             |                                                                               |                                                            |
|                                                                        |                                                                                                                                                                 |                                                                             |                                                                               |                                                            |
|                                                                        |                                                                                                                                                                 |                                                                             |                                                                               |                                                            |

# DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

| Date | June 13, 2011 | Signature | /s/ James G. Confalone |
|------|---------------|-----------|------------------------|
|      |               |           | James G. Confalone     |
|      |               |           | President              |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B6 Summary (Official Form 6 - Summary) (12/07)

# **United States Bankruptcy Court** Southern District of Florida

| In re | U.S. DISTRIBUTORS, INC.               |        | Case No. |    |
|-------|---------------------------------------|--------|----------|----|
| -     | · · · · · · · · · · · · · · · · · · · | Debtor |          |    |
|       |                                       |        | Chapter  | 11 |

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE                                                                | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER |
|---------------------------------------------------------------------------------|----------------------|------------------|-------------------|-------------|-------|
| A - Real Property                                                               | Yes                  | 1                | 0.00              |             |       |
| B - Personal Property                                                           | Yes                  | 4                | 399,265.00        |             |       |
| C - Property Claimed as Exempt                                                  | No                   | 0                |                   |             |       |
| D - Creditors Holding Secured Claims                                            | Yes                  | 1                |                   | 324,232.00  |       |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |       |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 1                |                   | 0.00        |       |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |       |
| H - Codebtors                                                                   | Yes                  | 1                |                   |             |       |
| I - Current Income of Individual<br>Debtor(s)                                   | No                   | 0                |                   |             | N/A   |
| J - Current Expenditures of Individual Debtor(s)                                | No                   | 0                |                   |             | N/A   |
| Total Number of Sheets of ALL Schedu                                            | ıles                 | 10               |                   |             |       |
|                                                                                 | T                    | otal Assets      | 399,265.00        |             |       |
|                                                                                 |                      | l                | Total Liabilities | 324,232.00  |       |

101(8)), filing

Form 6 - Statistical Summary (12/07)

# **United States Bankruptcy Court** Southern District of Florida

| U.S. DISTRIBUTORS, INC.                                                                                            |                                                           | Case No.                     |                          |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------|--------------------------|
|                                                                                                                    | Debtor                                                    | Chapter                      | 11                       |
| STATISTICAL SUMMARY OF CER                                                                                         | RTAIN LIABILITIES A                                       | AND RELATED DA               | TA (28 U.S.C. § 15       |
| If you are an individual debtor whose debts are primaril a case under chapter 7, 11 or 13, you must report all inf | y consumer debts, as defined in ormation requested below. | § 101(8) of the Bankruptcy   | Code (11 U.S.C.§ 101(8)) |
| ☐ Check this box if you are an individual debtor whereport any information here.                                   | nose debts are NOT primarily co                           | nsumer debts. You are not re | equired to               |
| This information is for statistical purposes only unde                                                             | er 28 U.S.C. § 159.                                       |                              |                          |
| Summarize the following types of liabilities, as repor                                                             | ted in the Schedules, and total                           | them.                        |                          |
| Type of Liability                                                                                                  | Amount                                                    |                              |                          |
| Domestic Support Obligations (from Schedule E)                                                                     |                                                           |                              |                          |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)                                         | S                                                         |                              |                          |
| Claims for Death or Personal Injury While Debtor Was Intox<br>(from Schedule E) (whether disputed or undisputed)   | xicated                                                   |                              |                          |
| Student Loan Obligations (from Schedule F)                                                                         |                                                           |                              |                          |
| Domestic Support, Separation Agreement, and Divorce Decr<br>Obligations Not Reported on Schedule E                 | ree                                                       |                              |                          |
| Obligations to Pension or Profit-Sharing, and Other Similar (from Schedule F)                                      | Obligations                                               |                              |                          |
|                                                                                                                    | TOTAL                                                     |                              |                          |
| State the following:                                                                                               |                                                           |                              |                          |
| Average Income (from Schedule I, Line 16)                                                                          |                                                           |                              |                          |
| Average Expenses (from Schedule J, Line 18)                                                                        |                                                           |                              |                          |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)                         |                                                           |                              |                          |
| State the following:                                                                                               |                                                           |                              |                          |
| Total from Schedule D, "UNSECURED PORTION, IF AN column                                                            | NY"                                                       |                              |                          |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIO column                                                          | PRITY"                                                    |                              |                          |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column                                         |                                                           |                              |                          |
| 4. Total from Schedule F                                                                                           |                                                           |                              |                          |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)                                                       |                                                           |                              |                          |

Case 11-26316-RAM Doc 1 Filed 06/13/11 Page 8 of 29

6/13/11 4:52PM

B6A (Official Form 6A) (12/07)

| In re | U.S. DISTRIBUTORS, INC. | Case No. |  |
|-------|-------------------------|----------|--|
| _     | <u> </u>                |          |  |
|       |                         | Debtor   |  |

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| No real property is owned by the Debtor. | na                                         | -                                           | 0.00                                                                                                         | 0.00                       |
|------------------------------------------|--------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|
| Description and Location of Property     | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |

Sub-Total > **0.00** (Total of this page)

Total > **0.00** 

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

| In re | U.S. DISTRIBUTORS, INC. | Case No |  |
|-------|-------------------------|---------|--|
| -     |                         |         |  |
|       |                         | Debtor  |  |

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| accounts, conshares in bathrift, build homestead unions, bro cooperative.  3. Security de utilities, tele landlords, and the second including a computer e.  5. Books, pict objects, ant record, tape other collect.  6. Wearing ap.  7. Furs and je.  8. Firearms arand other h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | pe of Property                                                                                                                                                      | O<br>N<br>E | Description and Locatio | n of Property | Wife,<br>Joint, or<br>Community | Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|---------------|---------------------------------|--------------------------------------------------------------------------------------|
| accounts, conshares in bathrift, build homestead unions, bro cooperative  3. Security de utilities, tele landlords, and the landlords, and lan | and                                                                                                                                                                 | X           |                         |               |                                 |                                                                                      |
| utilities, tele landlords, a  4. Household including a computer e  5. Books, pict objects, ant record, tape other collect  6. Wearing ap  7. Furs and je  8. Firearms ar and other h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | savings or other financial<br>certificates of deposit, or<br>anks, savings and loan,<br>ding and loan, and<br>associations, or credit<br>obserage houses, or<br>es. | X           |                         |               |                                 |                                                                                      |
| including a computer e  5. Books, pict objects, ant record, tape other collect  6. Wearing ap  7. Furs and je  8. Firearms ar and other h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | eposits with public lephone companies, and others.                                                                                                                  | X           |                         |               |                                 |                                                                                      |
| objects, ant record, tape other collects.  6. Wearing ap  7. Furs and je  8. Firearms ar and other h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | goods and furnishings,<br>audio, video, and<br>equipment.                                                                                                           | X           |                         |               |                                 |                                                                                      |
| <ul><li>7. Furs and je</li><li>8. Firearms ar and other h</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tures and other art<br>tiques, stamp, coin,<br>e, compact disc, and<br>ctions or collectibles.                                                                      | X           |                         |               |                                 |                                                                                      |
| 8. Firearms ar and other h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | pparel.                                                                                                                                                             | X           |                         |               |                                 |                                                                                      |
| and other h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ewelry.                                                                                                                                                             | X           |                         |               |                                 |                                                                                      |
| 9 Interests in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nd sports, photographic, nobby equipment.                                                                                                                           | X           |                         |               |                                 |                                                                                      |
| Name insur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rance policies.  trance company of each itemize surrender or ue of each.                                                                                            | X           |                         |               |                                 |                                                                                      |
| 10. Annuities. I issuer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Itemize and name each                                                                                                                                               | X           |                         |               |                                 |                                                                                      |

Sub-Total >

(Total of this page)

0.00

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

| In re | U.S. DISTRIBUTORS, INC. | Case No |
|-------|-------------------------|---------|
|       | •                       |         |

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property                                                                                                                                                                                                                              | N<br>O<br>N Description and Location of<br>E                      | Property V | sband,<br>Vife,<br>oint, or<br>nmunity | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | x                                                                 |            |                                        |                                                                                                           |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.                                                                                                                                                   | x                                                                 |            |                                        |                                                                                                           |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.                                                                                                                                                                   | x                                                                 |            |                                        |                                                                                                           |
| 14. | Interests in partnerships or joint ventures. Itemize.                                                                                                                                                                                         | x                                                                 |            |                                        |                                                                                                           |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.                                                                                                                                                            | X                                                                 |            |                                        |                                                                                                           |
| 16. | Accounts receivable.                                                                                                                                                                                                                          | John P. Block<br>1221 Elizabeth Boulevard<br>Fort Worth, TX 76110 |            | -                                      | 110,000.00                                                                                                |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.                                                                                                                          | x                                                                 |            |                                        |                                                                                                           |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.                                                                                                                                                                | x                                                                 |            |                                        |                                                                                                           |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.                                                                            | x                                                                 |            |                                        |                                                                                                           |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.                                                                                                                          | x                                                                 |            |                                        |                                                                                                           |
|     |                                                                                                                                                                                                                                               |                                                                   |            |                                        |                                                                                                           |
|     |                                                                                                                                                                                                                                               |                                                                   |            | Sub-Tota                               | 1> 110,000.00                                                                                             |

(Total of this page)

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

|       |                         | G V      |
|-------|-------------------------|----------|
| In re | U.S. DISTRIBUTORS, INC. | Case No. |
|       | · ·                     |          |

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     |                                                                                                                                                                                                                                                                                         |                  | (                                                                             |                                             |                                                                                                           |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
|     | Type of Property                                                                                                                                                                                                                                                                        | N<br>O<br>N<br>E | Description and Location of Property                                          | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.                                                                                                                | X                |                                                                               |                                             |                                                                                                           |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.                                                                                                                                                                                                                 | X                |                                                                               |                                             |                                                                                                           |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.                                                                                                                                                                                                                  | X                |                                                                               |                                             |                                                                                                           |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                                                               |                                             |                                                                                                           |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.                                                                                                                                                                                                                      | X                |                                                                               |                                             |                                                                                                           |
| 26. | Boats, motors, and accessories.                                                                                                                                                                                                                                                         | X                |                                                                               |                                             |                                                                                                           |
| 27. | Aircraft and accessories.                                                                                                                                                                                                                                                               | X                |                                                                               |                                             |                                                                                                           |
| 28. | Office equipment, furnishings, and supplies.                                                                                                                                                                                                                                            | X                |                                                                               |                                             |                                                                                                           |
| 29. | Machinery, fixtures, equipment, and supplies used in business.                                                                                                                                                                                                                          | X                |                                                                               |                                             |                                                                                                           |
| 30. | Inventory.                                                                                                                                                                                                                                                                              | 1                | . Grumman Seaplane, Mallard                                                   | -                                           | 289,265.00                                                                                                |
|     |                                                                                                                                                                                                                                                                                         | l<br>,           | ocation: Tony Tirri Ramp, San Juan International<br>Airport, San Juan, PR     |                                             |                                                                                                           |
|     |                                                                                                                                                                                                                                                                                         | 2                | 2. Grumman Seaplane, Parts Inventory                                          |                                             |                                                                                                           |
|     |                                                                                                                                                                                                                                                                                         |                  | Location: MCM Associates, 3100 Burris Rd, Davie,<br>FL 33314                  |                                             |                                                                                                           |
|     |                                                                                                                                                                                                                                                                                         | 3                | 3. Grumman Seaplane, Parts Inventory                                          |                                             |                                                                                                           |
|     |                                                                                                                                                                                                                                                                                         |                  | ocation: 6370 US1, #11, Tall Pines Industrial Park<br>St. Augustine, FL 32084 | .,                                          |                                                                                                           |
|     |                                                                                                                                                                                                                                                                                         |                  |                                                                               | Sub-Tot                                     | al > <b>289,265.00</b>                                                                                    |
|     |                                                                                                                                                                                                                                                                                         |                  | (Tota                                                                         | l of this page)                             | ,                                                                                                         |

Sheet <u>2</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

| In re | U.S. DISTRIBUTORS, INC. | Case No. |  |
|-------|-------------------------|----------|--|
|       |                         |          |  |

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property                                                     | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|----------------------------------------------------------------------|------------------|--------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 31. Animals.                                                         | X                |                                      |                                             |                                                                                                           |
| 32. Crops - growing or harvested. Give particulars.                  | X                |                                      |                                             |                                                                                                           |
| 33. Farming equipment and implements.                                | X                |                                      |                                             |                                                                                                           |
| 34. Farm supplies, chemicals, and feed.                              | X                |                                      |                                             |                                                                                                           |
| 35. Other personal property of any kind not already listed. Itemize. | X                |                                      |                                             |                                                                                                           |

Sub-Total > 0.00 (Total of this page)

Total > **399,265.00** 

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6D (Official Form 6D) (12/07)

| In re | U.S. DISTRIBUTORS, INC. | Case No. |  |
|-------|-------------------------|----------|--|
|       |                         | Debtor , |  |

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C<br>C<br>C<br>E<br>B<br>T<br>C                             | ) C | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN                                                                                                                                                   | C O N T I N G E N | L C         | SPUTE | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|-------|----------------------------------------------------------------------|---------------------------------|
| Account No. na                                                                                       |                                                             |     | 07/07/05                                                                                                                                                                                                                                         | Т [               | T<br>E<br>D |       |                                                                      |                                 |
| AVIGNON REALTY, INC.<br>77 Harbor Drive<br>#30<br>Key Biscayne, FL 33149                             | ×                                                           | { - | Purchase Money Security  Grumman Seaplane, Mallard Various Seaplane parts                                                                                                                                                                        |                   |             |       |                                                                      |                                 |
|                                                                                                      | 4                                                           | _   | Value \$ 289,265.00                                                                                                                                                                                                                              | +                 |             |       | 34,967.00                                                            | 34,967.00                       |
| Account No.  AVIGNON REALTY, INC. 77 Harbor Drive #30 Key Biscayne, FL 33149                         |                                                             | -   | 1. Grumman Seaplane, Mallard<br>Location: Tony Tirri Ramp, San Juan<br>International Airport, San Juan, PR<br>2. Grumman Seaplane, Parts Inventory<br>Location: MCM Associates, 3100 Burris<br>Rd, Davie, FL 33314<br>3. Grumman Seaplane, Parts |                   |             |       |                                                                      |                                 |
| Account No.                                                                                          | 4                                                           | +   | Value \$ 289,265.00                                                                                                                                                                                                                              | ╀                 | H           |       | 289,265.00                                                           | 0.00                            |
| Account No.                                                                                          |                                                             |     | Value \$                                                                                                                                                                                                                                         |                   |             |       |                                                                      |                                 |
| Account No.                                                                                          |                                                             |     |                                                                                                                                                                                                                                                  |                   |             |       |                                                                      |                                 |
|                                                                                                      |                                                             |     | Value \$                                                                                                                                                                                                                                         |                   |             |       |                                                                      |                                 |
| continuation sheets attached                                                                         |                                                             |     | (Total of t                                                                                                                                                                                                                                      | Sub<br>his        |             |       | 324,232.00                                                           | 34,967.00                       |
|                                                                                                      | Total (Report on Summary of Schedules) 324,232.00 34,967.00 |     |                                                                                                                                                                                                                                                  |                   |             |       |                                                                      |                                 |

B6E (Official Form 6E) (4/10)

| •     |                         |             |
|-------|-------------------------|-------------|
| In re | U.S. DISTRIBUTORS, INC. | Case No.    |
| -     |                         | ,<br>Debtor |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

0 continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 11-26316-RAM Doc 1 Filed 06/13/11 Page 15 of 29

B6F (Official Form 6F) (12/07)

| In re | U.S. DISTRIBUTORS, INC. |        | Case No. |  |
|-------|-------------------------|--------|----------|--|
| _     |                         | Debtor | •,       |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Check this box if debtor has no creditors holding unsecure                       | u cı     | ian         | ins to report on ans senedule 1.                                                                    |            |            |            |                 |
|----------------------------------------------------------------------------------|----------|-------------|-----------------------------------------------------------------------------------------------------|------------|------------|------------|-----------------|
| CREDITOR'S NAME,                                                                 | ЭO       | Н           | usband, Wife, Joint, or Community                                                                   | CO         | ΖU         | D          |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | СОПШВНОК | J<br>H<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | COXFLXGEXF | OZJ_CO_LZC | . SP UT ED | AMOUNT OF CLAIM |
| Account No.                                                                      |          |             |                                                                                                     | T          | T          |            |                 |
|                                                                                  |          |             |                                                                                                     |            | D          |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     | Ш          |            |            |                 |
| Account No.                                                                      |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
| Account No.                                                                      |          |             |                                                                                                     | Н          |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
| Account No.                                                                      |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             |                                                                                                     |            |            |            |                 |
|                                                                                  |          |             | 1                                                                                                   | ubt        | ote        | <br>I      |                 |
| continuation sheets attached                                                     |          |             | (Total of tl                                                                                        |            |            |            |                 |
|                                                                                  |          |             | (10th of th                                                                                         |            |            |            |                 |
|                                                                                  |          |             | (Dament - 11 Commun. C.C.                                                                           |            | ota        |            | 0.00            |
|                                                                                  |          |             | (Report on Summary of Sc                                                                            | nea        | uie        | S)         | 5.50            |

6/13/11 4:52PM

B6G (Official Form 6G) (12/07)

| In re | U.S. DISTRIBUTORS, INC. |          | Case No. |
|-------|-------------------------|----------|----------|
| -     |                         | Debtor , |          |

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. B6H (Official Form 6H) (12/07)

| In re | U.S. DISTRIBUTORS, INC. | Case No     |  |
|-------|-------------------------|-------------|--|
|       | <del>`</del>            | ,<br>Debtor |  |

## **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR                                     | NAME AND ADDRESS OF CREDITOR                                             |
|------------------------------------------------------------------|--------------------------------------------------------------------------|
| James G. Confalone<br>1000 MacArthur Causeway<br>Miami, FL 33132 | AVIGNON REALTY, INC.<br>77 Harbor Drive<br>#30<br>Key Biscayne, FL 33149 |
| Karen S. Confalone<br>P.O. Box 415<br>Rye Beach, NH 03871        | AVIGNON REALTY, INC.<br>77 Harbor Drive<br>#30<br>Key Biscayne, FL 33149 |

B6 Declaration (Official Form 6 - Declaration). (12/07)

## **United States Bankruptcy Court** Southern District of Florida

| In re | U.S. DISTRIBUTORS, INC. |           | Case No. |    |
|-------|-------------------------|-----------|----------|----|
|       |                         | Debtor(s) | Chapter  | 11 |

## **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

|      | · •           | dules, consisting of | otor in this case, declare under penalty of perjury that I have sheets, and that they are true and correct to the best |
|------|---------------|----------------------|------------------------------------------------------------------------------------------------------------------------|
|      |               |                      |                                                                                                                        |
| Date | June 13, 2011 | Signature            | /s/ James G. Confalone                                                                                                 |
|      | _             | -                    | James G. Confalone President                                                                                           |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

6/13/11 4:52PM

B7 (Official Form 7) (04/10)

## **United States Bankruptcy Court** Southern District of Florida

| In re | U.S. DISTRIBUTORS, INC. |           | Case No. |    |
|-------|-------------------------|-----------|----------|----|
|       |                         | Debtor(s) | Chapter  | 11 |

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

## 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
\$216,800.00 2008 Sale of Seaplane Parts
\$32,000.00 2009 Sale of Seaplane parts
\$0.00 2010 No sales
\$0.00 2011 No sales

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT** 

**SOURCE** 

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS

PAID OR VALUE OF TRANSFERS

AMOUNT

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

U.S. Distributors Inc. vs. John P. Block Case Number: 09-21635-CIV

PROCEEDING
Lawsuit for
Breach of
Contract.

NATURE OF

Defendant failed to make payments under a Contract for

Sale of Seaplane Parts.

COURT OR AGENCY
AND LOCATION
United States District Court
Southern District of Florida

STATUS OR
DISPOSITION
Continuing
Case

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR June 6, 2011 Karen S. Confalone AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

David F. Anderson, P.A. 7735 NW 146th Street Suite 205 Miami Lakes, FL 33016

> June 6, 2011 Karen S. Confalone

\$2,500.00

\$6,039.00

Bruce E. Frazey, CPA 17351 SW 7th Street Hollywood, FL 33029

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

) IN PROPERTY

### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

## 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

## 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

## 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT NOTICE LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND

ENDING DATES

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Roth Jonas Mittelberg & Hartney CPA, P.A
8370 West Flagler Street
Suite 125
Miami, FL 33144

DATES SERVICES RENDERED

At all times during the prior five (5) years the firm filed the Company tax returns and calculated revenues and expense.

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

Roth Jonas Mittelberg & Hartney CPA, P.A 8370 West Flagler Street Suite 125

Miami, FL 33144

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None a. List the

П

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

No physical inventory taken during the prior three (3) years.

NA

\$289,265.00 original cost basis

None  $\Box$  b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

DATE OF INVENTORY

RECORDS

No physical inventory taken during the prior three (3) years.

No physical inventory taken.

21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

James G. Confalone
1000 MacArthur Causeway
Miami, FL 33132

TITLE President

NATURE AND PERCENTAGE OF STOCK OWNERSHIP 100% Shareholder

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation

in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

## 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date June 13, 2011 Signature /s/ James G. Confalone James G. Confalone President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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# United States Bankruptcy Court Southern District of Florida

| ithern District of Florida                                                           | 1                                                     |                                                                                                                                                    |
|--------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                      | Case No                                               |                                                                                                                                                    |
| Debtor                                                                               | ,<br>Chapter                                          | 11                                                                                                                                                 |
| _                                                                                    |                                                       | 3) for filing in this chapter 11 cas                                                                                                               |
| Security<br>Class                                                                    | Number of Securities                                  | Kind of<br>Interest                                                                                                                                |
| Common<br>Shareholder                                                                | 100%                                                  | Equity                                                                                                                                             |
|                                                                                      |                                                       |                                                                                                                                                    |
| d as the debtor in this case, ded that it is true and correct to Signature <u>Is</u> | leclare under penalty o                               |                                                                                                                                                    |
|                                                                                      | ers which is prepared in accord Security Class Common | Debtor  Chapter, CQUITY SECURITY HOLDERS  ers which is prepared in accordance with Rule 1007(a)(  Security Number Class of Securities  Common 100% |

# **United States Bankruptcy Court** Southern District of Florida

|          |                                          | bouthern District of Florida              |                      |                                  |
|----------|------------------------------------------|-------------------------------------------|----------------------|----------------------------------|
| In re    | U.S. DISTRIBUTORS, INC.                  |                                           | Case No.             |                                  |
|          |                                          | Debtor(s)                                 | Chapter              |                                  |
|          |                                          |                                           |                      |                                  |
|          |                                          |                                           |                      |                                  |
|          | VERIFIC                                  | CATION OF CREDITOR                        | <b>MATRIX</b>        |                                  |
|          |                                          |                                           |                      |                                  |
|          |                                          |                                           |                      |                                  |
|          |                                          |                                           |                      |                                  |
| , the P  | resident of the corporation named as the | debtor in this case, hereby verify that t | the attached list of | creditors is true and correct to |
| he best  | of my knowledge.                         |                                           |                      |                                  |
| 110 0050 | of my knowledge.                         |                                           |                      |                                  |
|          |                                          |                                           |                      |                                  |
|          |                                          |                                           |                      |                                  |
|          |                                          |                                           |                      |                                  |
|          |                                          |                                           |                      |                                  |
| Date:    | June 13, 2011                            | /s/ James G. Confalone                    |                      |                                  |
|          |                                          | James G. Confalone/Presider               | nt                   |                                  |
|          |                                          | Signer/Title                              |                      |                                  |
|          |                                          |                                           |                      |                                  |

AVIGNON REALTY, INC. 77 Harbor Drive #30 Key Biscayne, FL 33149

AVIGNON REALTY, INC. 77 Harbor Drive #30 Key Biscayne, FL 33149

James G. Confalone 1000 MacArthur Causeway Miami, FL 33132

Karen S. Confalone
P.O. Box 415
Rye Beach, NH 03871