

Document Page 1 of 13
United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. \_\_\_\_\_

PARADOR VISTAMAR CORPORATION

Chapter 11

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 200.00/hr
Prior to the filing of this statement I have received ..... \$ 2,254.00
Balance Due ..... \$

- 2. The source of the compensation paid to me was: [X] Debtor [ ] Other (specify):
3. The source of compensation to be paid to me is: [X] Debtor [ ] Other (specify):
4. [X] I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
[ ] I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
e. [Other provisions as needed]

An Application for Compensation will be filed with the Court by debtor's(s) counsel claiming USD\$200.00 per hour of attorney's fees plus any expenses incurred in the following cases:

- 1. Adversary Proceedings;
2. Contested Bankruptcy matters;
3. Objections to claims;
4. Section 362 proceedings;
5. If the case is converted to chapter 7 either prior or after confirmation; and
6. If the case is dismissed either prior or after confirmation.

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 9, 2012

Date

/s/ FREDERIC CHARDON DUBOS, ESQ.

FREDERIC CHARDON DUBOS, ESQ. RUA 6865
CHARDON DUBOS, PSC
HILL PLAZA, 2847 AVE MILITAR
ISABELA, PR 00662-4099
(787) 872-0700 Fax: (787) 872-0700
chdpssc@gmail.com

**United States Bankruptcy Court  
District of Puerto Rico**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>PARADOR VISTAMAR CORPORATION</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>dba HOTEL PARADOR VISTAMAR dba VISTAMAR dba PARADOR VISTAMAR CORP</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>66-0403271</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>6205 CARR 113 N QUEBRADILLAS, PR</b>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE <b>00678-2511</b>	ZIPCODE
County of Residence or of the Principal Place of Business: <b>Quebradillas</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address)	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):  
**6205 CARR 113 N, QUEBRADILLAS, PR**

ZIPCODE **00678-2511**

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p> <hr/> <p align="center"><b>Chapter 15 Debtor</b></p> <p>Country of debtor's center of main interests: _____</p> <p>Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____</p>	<p align="center"><b>Nature of Business</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input checked="" type="checkbox"/> Other</p> <hr/> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable.)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Chapter 7</td> <td><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chapter 11</td> <td><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Chapter 12</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chapter 13</td> <td></td> </tr> </table> <hr/> <p align="center"><b>Nature of Debts</b> (Check one box.)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>	<input type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding	<input checked="" type="checkbox"/> Chapter 11	<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	<input type="checkbox"/> Chapter 12		<input type="checkbox"/> Chapter 13	
<input type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding									
<input checked="" type="checkbox"/> Chapter 11	<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding									
<input type="checkbox"/> Chapter 12										
<input type="checkbox"/> Chapter 13										

<p align="center"><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).</p> <p>-----</p> <p><b>Check all applicable boxes:</b></p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p>
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<p><b>Statistical/Administrative Information</b></p> <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>	<p><b>THIS SPACE IS FOR COURT USE ONLY</b></p>																			
<p>Estimated Number of Creditors</p> <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
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<p>Estimated Assets</p> <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion											
<p>Estimated Liabilities</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion											

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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>PARADOR VISTAMAR CORPORATION</b>
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**All Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>None</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>COSTA DORADA APARTMENTS CORP</b>	Case Number: <b>11-03960-ESL11</b>	Date Filed: <b>MAY 10, 2011</b>
District: <b>PUERTO RICO</b>	Relationship: <b>COMMON STOCKHOLDERS</b>	Judge: <b>ESL</b>

<p align="center"><b>Exhibit A</b></p> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	<p align="center"><b>Exhibit B</b></p> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).  X _____ Signature of Attorney for Debtor(s) <span style="float:right">Date</span>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.  
 No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.

**Information Regarding the Debtor - Venue**  
(Check any applicable box.)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_

(Name of landlord that obtained judgment)

\_\_\_\_\_

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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

Name of Debtor(s):  
**PARADOR VISTAMAR CORPORATION**

**Signatures**

**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.

X \_\_\_\_\_  
 Signature of Debtor

X \_\_\_\_\_  
 Signature of Joint Debtor

\_\_\_\_\_  
 Telephone Number (If not represented by attorney)

\_\_\_\_\_  
 Date

**Signature of a Foreign Representative**

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 Attorney\***

X /s/ FREDERIC CHARDON DUBOS, ESQ.

Signature of Attorney for Debtor(s)

**FREDERIC CHARDON DUBOS, ESQ. RUA 6865  
 CHARDON DUBOS, PSC  
 HILL PLAZA, 2847 AVE MILITAR  
 ISABELA, PR 00662-4099  
 (787) 872-0700 Fax: (787) 872-0700  
 chdpssc@gmail.com**

August 9, 2012  
 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 Non-Attorney 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 bankruptcy 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.)

\_\_\_\_\_  
 Address

**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/ CARLOS RAFAEL FERNANDEZ RODRIGUEZ

Signature of Authorized Individual

**CARLOS RAFAEL FERNANDEZ RODRIGUEZ**

Printed Name of Authorized Individual

**PRESIDENT**

Title of Authorized Individual

August 9, 2012  
 Date

X \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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.*

Formulario **941-PR para 2012:** Planilla para la Declaración Federal TRIMESTRAL del Patrono

Revisión de 2012; Department of the Treasury - Internal Revenue Service

OMB No. 1545-0047

Número de identificación patronal (EIN) **6 6 - 0 4 0 3 2 7 1**

Nombre (el de usted, no el de su negocio) **PARADOR VISTAMAR CORP.**

Nombre comercial (si alguno) **PARADOR VISTAMAR CORP.**

Dirección **CARR 113 N 6205**  
Número Calle Número de oficina o de habitación

**QUEBRADILLAS** **PR** **00678**  
Ciudad Estado Código postal (ZIP)

Informe para este trimestre de 2012. (Marque uno).

1: enero, febrero, marzo

2: abril, mayo, junio

3: julio, agosto, septiembre

4: octubre, noviembre, diciembre

Formularios para años anteriores están disponibles en [www.irs.gov/form941pr](http://www.irs.gov/form941pr).

Lea las instrucciones por separado antes de completar el Formulario 941-PR. Escriba a maquina o en letra de molde dentro de los encasillados.

**Parte 1: Conteste las preguntas a continuación para este trimestre.**

1 Número de empleados que recibieron salarios, propinas u otras remuneraciones durante el período de pago que incluye: el 12 de marzo (1er trimestre), 12 de junio (2º trimestre), 12 de septiembre (3er trimestre) o 12 de diciembre (4º trimestre) . . . . . 1  7

2

3

4 Si los salarios, propinas y otras remuneraciones no están sujetos a las contribuciones al Seguro Social y al Medicare . . . . .  Marque aquí y pase a la línea 6.

	Columna 1		Columna 2
5a Salarios sujetos a la contribución al Seguro Social	21,731 . 89	x .104 =	2,260 . 12
5b Propinas sujetas a la contribución al Seguro Social	.	x .104 =	.
5c Salarios y propinas sujetos a la contribución al Medicare	21,731 . 89	x .029 =	630 . 22

5d Suma las líneas 5a + 5b + 5c de la Columna 2 . . . . . 5d  2,890 . 34

5e Notificación y solicitud de pago conforme a la sección 3121(q): Contribución adeudada por propinas no declaradas (vea las instrucciones) . . . . . 5e

6 Total de contribuciones antes de ajustes. (Suma las líneas 5d + 5e) . . . . . 6  2,890 . 34

7 Ajustes por fracciones de centavos del trimestre actual . . . . . 7

8 Ajustes por compensación por enfermedad del trimestre actual . . . . . 8

9 Ajustes por propinas y por seguro temporal de vida colectivo a término fijo del trimestre actual . . . . . 9

10 Total de contribuciones después de considerar los ajustes. Combine las líneas 6 a 9 . . . . . 10  2,890 . 34

11 Total de depósitos para este trimestre, incluyendo toda cantidad pagada en exceso aplicada de un trimestre anterior, y toda cantidad pagada en exceso aplicada del Formulario 941-X (PR) o del Formulario 944-X (PR). . . . . 11

12a Pagos de asistencia para las primas de COBRA (vea las instrucciones) . . . . . 12a

12b Número de individuos que recibieron asistencia para las primas de COBRA  0

13 Suma las líneas 11 y 12a . . . . . 13

14 Saldo adeudado. Si la línea 10 es mayor que la línea 13, anote la diferencia y vea las instrucciones . . . . . 14  2,890 . 34

15 Contribución pagada en exceso. Si la línea 13 es mayor que la línea 10, anote la diferencia . . . . .

Marque uno  Aplíquese a la próxima día a día.  
 Envíe un reembolso.  
**Página siguiente** ➔

▶ TIENE que completar ambas paginas del Formulario 941-PR y luego FIRMARLO.

Nombre de la persona o de su negocio

Número de identificación patronal (EIN)

PARADOR VISTAMAR CORP.

66-0403271

**Parte 2: Infórmenos sobre su itinerario de depósitos y obligación contributiva para este trimestre.**

Si no está seguro de si es depositante de itinerario mensual o de itinerario bimensual, vea el apartado 11 de la Pub. 179 (Circular PR).

16 Marque uno:  La línea 10 de esta planilla o de la planilla del trimestre anterior es menos de \$2,500 y usted no tuvo una obligación de depositar \$100,000 el próximo día durante el trimestre en curso. Si la línea 10 del trimestre anterior era menos de \$2,500 pero la línea 10 de la planilla en curso es \$100,000 o más, usted tiene que proveer un registro de su obligación contributiva. Si es depositante de itinerario mensual, complete el itinerario de depósitos, a continuación; si es depositante de itinerario bimensual, adjunte el Anexo B. Pase a la Parte 3.

Era depositante de itinerario mensual para todo el trimestre. Anote la obligación contributiva para cada mes y la obligación contributiva para el trimestre, luego, pase a la Parte 3.

Obligación contributiva:	Mes 1	1,167 . 33
	Mes 2	764 . 76
	Mes 3	958 . 25
	<b>Total para el trimestre</b>	<b>2,890 . 34</b>

El total tiene que ser igual a la línea 10.

Era depositante de itinerario bimensual durante cualquier parte de este trimestre. Complete el Anexo B del Formulario 941-PR: Registro de la Obligación Contributiva para los Depositantes de Itinerario Bimensual, y adjúntelo al Formulario 941-PR.

**Parte 3: Infórmenos sobre su negocio. Si cualquiera de las preguntas NO corresponde a su negocio, déjela en blanco.**

17 Si su negocio ha dejado de operar o si usted ha dejado de pagar salarios  Marque aquí y

anote la última fecha en la que pagó salarios

18 Si es patrono estacional y no tiene que radicar planillas para cada trimestre del año  Marque aquí.

**Parte 4: ¿Podemos comunicarnos con su tercero autorizado?**

¿Desea permitir que un empleado, preparador remunerado u otra persona hable sobre esta planilla con el IRS? Vea las instrucciones para más detalles.

Sí. Nombre y núm. de teléfono del tercero designado

Escoja un número de identificación personal (PIN) de 5 dígitos que se debe usar al hablar con el IRS.

No.

**Parte 5: Firme aquí. TIENE que completar ambas páginas del Formulario 941-PR y luego FIRMARLO.**

Bajo pena de perjurio, declaro que he examinado esta planilla, incluyendo los anexos e informes adjuntos, y que, a mi leal saber y entender, es verídica, correcta y completa. La declaración del preparador (que no sea el contribuyente) está basada en toda información de la cual el preparador tenga conocimiento.

**X** Firme su nombre aquí

Escriba su nombre en letra de molde aquí

Escriba su cargo en letra de molde aquí

Fecha

Mejor núm. de teléfono donde llamarlo durante el día  (787) 895-2065

**Para uso exclusivo del preparador remunerado**

Marque aquí si usted trabaja por cuenta propia

Nombre del preparador	IDALIA PEREZ TORRES	PTIN	P01272041
Firma del preparador		Fecha	07/30/2012
Nombre de la empresa (o el suyo, si trabaja por cuenta propia)	IDALIA PEREZ TORRES, CPA	EIN	66-0740293
Dirección	MEMBRILLO PLAZA SUITE 102	Núm. de teléfono	(787) 502-7328
Ciudad	CAMUY	Estado	PR
		Código postal (ZIP)	00627

Parador Vistamar Corp

Balance Sheets

December 31, 2011

<u>ASSETS</u>	<u>2011</u>
<u>CURRENT ASSETS</u>	
Cash on hand and in bank	\$ 32,933
Accounts receivable:	
Trade	26,966
Officer and employee	208,318
Others	32,800
	<u>268,084</u>
Inventories (Note 1)	45,495
Prepaid expenses	<u>0</u>
 Total Current Assets	 346,512
 <u>PROPERTY, PLANT AND EQUIPMENT (Note 1)</u>	
Building	1,463,476
Machinery and equipment	154,647
Furniture and fixtures	101,037
Motor vehicles	<u>115,177</u>
 Total Property, Plant and Equipment	 <u>1,834,337</u>
Less: accumulated depreciation	<u>1,232,942</u>
	601,395
Land	<u>189,310</u>
 Net Property, Plant and Equipment	 790,705
 <u>OTHER ASSETS</u>	
Deposits	500
Investments	2,108,701
Related Company	<u>1,055,198</u>
 Total Other Assets	 <u>3,164,398</u>
 TOTAL ASSETS	 <u>\$ 4,301,615</u>

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT LIABILITIES

Bank overdraft	\$ 300
Notes payable to banks	85,208
Notes payable-current portion (Note 2)	0
Accounts payable-trade	110,869

Parador Vistamar Corp

**Balance Sheets**  
**December 31, 2011**

Accounts payable-other	42,171
Accrued expenses	962
Advance deposits	26,375
Room taxes payable	32,729
Insurance payable	757
Payroll taxes	<u>86,079</u>
	385,451

LONG-TERM LIABILITIES

Long-term debt net of current portion	<u>961,467</u>
Total liabilities	1,346,918

STOCKHOLDERS' EQUITY

Common stocks	
\$100 par value	
5,000 shares authorized	
4,450 issued and outstanding	225,000
Retained earnings	<u>2,729,698</u>
	<u>2,954,698</u>

TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	<u>\$ 4,301,616</u>
--	---------------------



# PARADOR VISTAMAR CORP.

Carr 113 N #6205  
Quebradillas, P.R. 00678

TEL: 787-895-2065  
Fax: 787-895-2294

## Minuta Sobre Resolución Corporativa

**Parador Vistamar Corp.** Corporación constituida de conformidad a las leyes del Estado Libre Asociado de Puerto Rico por esta certifica:

**Primero:** Que en reunión de Junta de Directores y Accionistas de esta Corporación celebrada el 31 de julio del 2012 , quedo resuelto solicitar protección del Tribunal Federal de Quiebras con la radicación inmediata de una petición de reorganización corporativa de conformidad al Capitulo 11 del Código de Quiebras . La resolución adoptada por la junta de Directores y Accionistas fue como sigue:

En el mejor interés de la Empresa se autoriza en presentar una petición de reorganización en conformidad al Capitulo 11 del código Federal de Quiebras. De igual forma se autoriza al Sr. Carlos R. Fernández Rodríguez, Presidente de la Corporación a que represente a esta en este proceso, incluyendo la contratación de los servicios profesionales necesarios para esta encomienda.

**EN TESTIMONIO DE LO CUAL**, el aquí suscribiente certifica que los datos contenidos en esta resolución son ciertas, hoy 2 de agosto del 2012.



**United States Bankruptcy Court  
District of Puerto Rico**

**IN RE:**

Case No. \_\_\_\_\_

**PARADOR VISTAMAR CORPORATION**

Chapter **11**

Debtor(s)

**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 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
<b>BANCO BILBAO VIZCAYA ARGENTARIA PO BOX 192938 SAN JUAN, PR 00919-2938</b>		<b>Bank loan</b>		<b>961,466.59</b>
<b>BANCO POPULAR DE PUERTO RICO SPECIAL LOAN PO BOX 362708 SAN JUAN, PR 00936-2708</b>				<b>85,208.47</b>
<b>CRIM LEGAL COUNSEL OFFICE PO BOX 195387 SAN JUAN, PR 00919-5387</b>				<b>71,595.42</b>
<b>DEPARTMENT OF TREASURY CAPITAL CENTER II BANKRUPTCY SECTION 235 AVE ARTERIAL HOSTOS STE 1504 SAN JUAN, PR 00918-1451</b>				<b>47,564.00</b>
<b>COMPAÑIA DE TURISMO PO BOX 902400 SAN JUAN, PR 00902</b>				<b>27,335.00</b>
<b>AUT ACUEDUCTOS PO BOX 70101 SAN JUAN, PR 00936-8101</b>				<b>19,619.44</b>
<b>AUTORIDAD DE ENERGIA ELECTRICA PO BOX 363508 SAN JUAN, PR 00936-3508</b>				<b>11,019.90</b>
<b>RODRIGUEZ &amp; ASSOC. EXECUTIVE BUILDING SUITE 623 PONCE DE LE HATO REY, PR 00917</b>				<b>9,775.00</b>
<b>QNTTEL TECHNOLOGIES 3506 BRAKWATER COURT HAYWARD, CA 94545</b>				<b>7,512.40</b>
<b>GOBIERNO MUNICIPAL DE QUEBRADILLAS PO BOX 1544 QUEBRADILLAS, PR 00678-1544</b>				<b>6,575.00</b>
<b>DECSION ONE PO BOX 7777 W4140 PHILADELPHIA, PA 19175-3511</b>				<b>1,720.34</b>
<b>IMPRENTA SAN RAFAEL PO BOX 948 QUEBRADILLAS, PR 00678</b>				<b>639.55</b>
<b>Q WASTE 6249 CARR #2 PMB 52 QUEBRADILLAS, PR 00678</b>				<b>523.07</b>

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ELIMINEX  
PO BOX 1129  
SAINT JUST, PR 00978

420.00

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

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] 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: August 9, 2012 Signature: /s/ CARLOS RAFAEL FERNANDEZ RODRIGUEZ

**CARLOS RAFAEL FERNANDEZ RODRIGUEZ, PRESIDENT**  
(Print Name and Title)

Document Page 12 of 13  
United States Bankruptcy Court  
District of Puerto Rico

IN RE:

Case No. \_\_\_\_\_

**PARADOR VISTAMAR CORPORATION**

Chapter **11**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: **August 9, 2012**

Signature: /s/ CARLOS RAFAEL FERNANDEZ RODRIGUEZ  
**CARLOS RAFAEL FERNANDEZ RODRIGUEZ, PRESIDENT**

Debtor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint Debtor, if any

PARADOR VISTAMAR CORPORATION  
6205 CARR 113 N  
QUEBRADILLAS, PR 00678-2511

ELIMINEX  
PO BOX 1129  
SAINT JUST, PR 00978

CHARDON DUBOS, PSC  
HILL PLAZA, 2847 AVE MILITAR  
ISABELA, PR 00662-4099

GOBIERNO MUNICIPAL DE  
QUEBRADILLAS  
PO BOX 1544  
QUEBRADILLAS, PR 00678-1544

AUT ACUEDUCTOS  
PO BOX 70101  
SAN JUAN, PR 00936-8101

IMPRENTA SAN RAFAEL  
PO BOX 948  
QUEBRADILLAS, PR 00678

AUTORIDAD DE ENERGIA ELECTRICA  
PO BOX 363508  
SAN JUAN, PR 00936-3508

LEIDA CANCEL  
PO BOX 1504  
QUEBRADILLAS, PR 00678

BANCO BILBAO VIZCAYA ARGENTARIA  
PO BOX 192938  
SAN JUAN, PR 00919-2938

Q WASTE  
6249 CARR #2 PMB 52  
QUEBRADILLAS, PR 00678

BANCO POPULAR DE PUERTO RICO  
SPECIAL LOAN  
PO BOX 362708  
SAN JUAN, PR 00936-2708

QNTL TECHNOLOGIES  
3506 BRAKWATER COURT  
HAYWARD, CA 94545

COMPAÑIA DE TURISMO  
PO BOX 902400  
SAN JUAN, PR 00902

RODRIGUEZ & ASSOC.  
EXECUTIVE BUILDING SUITE 623 PONCE  
DE LE  
HATO REY, PR 00917

CRIM  
LEGAL COUNSEL OFFICE  
PO BOX 195387  
SAN JUAN, PR 00919-5387

DECSION ONE  
PO BOX 7777 W4140  
PHILADELPHIA, PA 19175-3511

DEPARTMENT OF TREASURY  
CAPITAL CENTER II BANKRUPTCY  
SECTION  
235 AVE ARTERIAL HOSTOS STE 1504  
SAN JUAN, PR 00918-1451