

Document Page 1 of 29
United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

EN ACCION, INC.

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 \$ 8,000.00
Prior to the filing of this statement I have received \$ 8,000.00
Balance Due \$ 0.00

2. The source of the compensation paid to me was: [] Debtor [X] Other (specify): \$4,000 DEBTOR, \$4,000 THIRD PARTY
3. The source of compensation to be paid to me is: [] 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]

DEBTOR WILL BE CHARGED ON AN HOURLY BASIS AS STIPUTALED IN THE APPLICATION FOR EMPLOYMENT OF COUNSEL TO BE FILED.

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

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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.

July 2, 2013

Date

FRANCISCO J. RAMOS GONZALEZ, ESQ.
P O BOX 191993
SAN JUAN, PR 00919-1993
(787) 764-5134 Fax: (787) 758-5087

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE: EN ACCION INC. d/b/a ZONACTIVA A Corporation *****
CASE NO. CHAPTER 11

STATEMENT REGARDING CORPORATION RESOLUTION

The undersigned YARIZA YULIAN SCHWARZ is President of EN ACCION, INC., d/b/a ZONACTIVA Corporation. On July 2nd, 2013 the following resolution was duly adopted by the PRESIDENT of this corporation.

WHEREAS, it is in the best interests of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code:

NOW, THEREFORE, BE IT RESOLVED, that YARIZA YULIAN SCHWARZ, President of this corporation, be and hereby is, authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case in the United States Bankruptcy Court on behalf of the corporation; and

BE IT FURTHER RESOLVED, that YARIZA YULIAN SCHWARZ, President of this Corporation, be and hereby is authorized and directed to appear in all such bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform any and all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with said bankruptcy proceedings; and

BE IT FURTHER RESOLVED, that YARIZA YULIAN SCHWARZ, President of this corporation, be and hereby is authorized and directed to employ FRANCISCO J. RAMOS GONZALEZ, ESQ., Attorney and the law firm FRANCISCO J. RAMOS GONZALEZ & ASSOC., to represent the corporation in said bankruptcy proceedings."

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION

I, YARIZA YULIAN SCHWARZ, President of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing resolution and it is true and correct to best of my knowledge, information, and belief.

Date July 2, 2013

Signature [Handwritten Signature]
President

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): EN ACCION, INC.	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): dba ZONACTIVA	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): 66-0582212	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): 1445 AVE. ROOSEVELT 1ST FLOOR DORAL BANK PLAZA SAN JUAN, PR	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE 00920	ZIPCODE
County of Residence or of the Principal Place of Business: San Juan	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address) # 33 CALLE RESOLUCION SUITE 101 SAN JUAN, PR	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE 00920	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):

ZIPCODE

<p align="center">Type of Debtor (Form of Organization) (Check one box.)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/> <p align="center">Chapter 15 Debtor</p> Country of debtor's center of main interests: <hr/> Each country in which a foreign proceeding by, regarding, or against debtor is pending: <hr/>	<p align="center">Nature of Business (Check one box.)</p> <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> <p align="center">Tax-Exempt Entity (Check box, if applicable.)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<p align="center">Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <p align="center">Nature of Debts (Check one box.)</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." <input checked="" type="checkbox"/> Debts are primarily business debts.
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<p align="center">Filing Fee (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <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. <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 align="center">Chapter 11 Debtors</p> <p>Check one box:</p> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p>Check if:</p> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <hr/> <p>Check all applicable boxes:</p> <input checked="" type="checkbox"/> A plan is being filed with this petition <input checked="" 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).
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<p>Statistical/Administrative Information</p> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input 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.	THIS SPACE IS FOR COURT USE ONLY																			
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <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"/>											
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											
<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <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											
<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <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											

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

Location Where Filed: None	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: None	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p align="center">Exhibit A</p> <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.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p align="center">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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).</p> <p align="center">X _____ Signature of Attorney for Debtor(s) Date</p>
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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 and 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):
EN ACCION, INC.

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 _____
Signature of Attorney for Debtor(s)

FRANCISCO J. RAMOS GONZALEZ, ESQ.
P O BOX 191993
SAN JUAN, PR 00919-1993
(787) 764-5134 Fax: (787) 758-5087

July 2, 2013
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/ YARIZA YULIAN SCHWARZ
Signature of Authorized Individual

YARIZA YULIAN SCHWARZ
Printed Name of Authorized Individual

PRESIDENT
Title of Authorized Individual

July 2, 2013
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.

Document Page 6 of 29
United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

EN ACCION, INC.

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).

Table with 5 columns: (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). Rows include SUSANA SCHWARZ (204,813.09), CORPORATE CENTER AT ROOSEVELT (126,755.98), DEPARTMENT OF TREASURY OF PR (83,664.44), DEPARTMENT OF TREASURY OF PR (11,000.00), INTERNAL REVENUE SERVICES (7,924.79), TORRES QUIÑONES & ASSOCIATES, PSC (6,600.00), RIVERA & FERNANDEZ LAW OFFICES (5,914.06), WEKANDO (3,400.00), MUNICIPALITY OF SAN JUAN (1,209.34), SESAC (481.89), and DEPARTMENT OF TREASURY OF PR (310.15).

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: July 2, 2013 Signature: /s/ YARIZA YULIAN SCHWARZ

YARIZA YULIAN SCHWARZ, PRESIDENT

(Print Name and Title)

IN RE EN ACCION, INC.

Debtor(s)

Case No.

(If known)

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.

List creditors in alphabetical order to the extent practicable. If a minor child is the 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 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.)

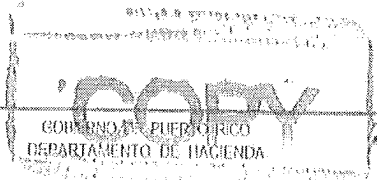
Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 2428458-9003 BANCO POPULAR DE PUERTO RICO PO BOX 362708 SAN JUAN, PR 00936-2708	X	PRINCIPAL \$1,277,241.91 INTEREST \$174,507.56 LEGAL FEES \$150,100.00 VALUE \$ 1,601,849.47				1,601,849.47	
ACCOUNT NO. CRIM P O BOX 195387 SAN JUAN, PR 00919-5387		 VALUE \$ 62,413.86				62,413.86	
ACCOUNT NO. SMALL BUSINESS ADMINISTRATION 273 PONCE DE LEON AVE. PLAZA SCOTIABANK SUITE 510 SAN JUAN, PR 00917	X	 VALUE \$ 900,000.00				900,000.00	
ACCOUNT NO. VALUE \$							
Subtotal (Total of this page)						\$ 2,564,263.33	\$
Total (Use only on last page)						\$ 2,564,263.33	\$

14 continuation sheets attached

(Report also on Summary of Schedules.)
(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)



Formulario 409.2 Rev. 01/12

Liquidador:	Revisor:	2012	2012	Número de Serie
Investigado por:	Planilla de Contribución sobre Ingresos de Corporaciones			<input type="checkbox"/> PLANILLA ENMIENDADA Serie de Pago
Fecha: / /	AÑO CONTRIBUTIVO COMENZADO EL 1 de 5 de 2011 Y TERMINADO EL 30 de 4 de 2012			PLANILLA DE INGRESOS DE CORPORACIONES 15 NOV. 2010 PLANILLA SIN PAGAR DEPARTAMENTO DE HACIENDA

Nombre del Contribuyente EN ACCION INC. Dirección Postal 1445 ROOSEVELT SAN JUAN PR Código Postal 00920 "Coloque el Sello de Goma [Rubro] aquí"	Número de Identificación Patronal 66-0682212 Tipo de Registro del Departamento de Estado 111099 Clave Industrial - Ced. Municipal 7280 - 79 Número de Registro de Comercio	Número de Teléfono - Extensión (787) 701 - 6993 Fecha de Incorporación Día 5 / Mes 1 / Año 2000 Lugar de Incorporación SAN JUAN Correo Electrónico de Persona Contacto (E-mail)	Banco de Factos Imposto: Tipo de Entidad Indique si es miembro de un grupo de entidades relacionadas <input checked="" type="checkbox"/> SI <input type="checkbox"/> No Número de grupo
Localización de la Industria o Negocio Principal - Número, Calle, Pueblo 1445 ROOSEVELT SAN JUAN PR 00920 Naturaleza de la Industria o Negocio Principal (El Ferretista, Cafetería, etc.) GIMNASIO	Marque el encasillado correspondiente, si aplica <input type="checkbox"/> Primera planilla <input type="checkbox"/> Última planilla Cambios con Organismos Gubernamentales <input type="checkbox"/> SI <input type="checkbox"/> No	CAMBIO DE DIRECCION <input type="checkbox"/> SI <input type="checkbox"/> No PLANILLA 2012 <input checked="" type="checkbox"/> Español <input type="checkbox"/> Inglés	

Parte I	1. Ingreso neto (o pérdida) de operaciones (De la Parte V, línea 47)	(1)	(83,490)	00
	2. Menos: Deducción por pérdida neta en las operaciones del año anterior (Someta detalle)	(2)	41,047	00
	3. Ingreso neto (o pérdida)	(3)	(124,537)	00
	4. Menos: Dividendos o beneficios recibidos de corporaciones domésticas (Véanse instrucciones)	(4)	0	00
Parte II	5. Ingreso neto sujeto a contribución normal (Línea 3 menos línea 4)	(5)	(124,537)	00
	6. Menos: Deducción para fines de la contribución adicional (Marque aquí si viene del Modelo SC 2652 [])	(6)	25,000	00
	7. Ingreso neto sujeto a contribución adicional (Línea 5 menos línea 6)	(7)	(149,537)	00
	8. Contribución normal (Multiplique la línea 5 por 20%)	(8)	0	00
	9. Contribución adicional (Véanse instrucciones) (Ingreso neto sujeto al 5% [\$ 0])	(9)	0	00
	10. Contribución Total (Sume líneas 8 y 9)	(10)	0	00
	11. Contribución Alternativa - Ganancias de Capital y Tasas Preferenciales (Anejo D Corporación, Parte V, línea 39)	(11)	0	00
	12. Contribución Determinada (Línea 10 o 11, la que sea menor)	(12)	0	00
	13. Recobro de crédito reclamado en exceso (Anejo B Corporación, Parte I, línea 3)	(13)	0	00
	14. Créditos contributivos (Anejo B Corporación, Parte II, línea 26)	(14)	0	00
	15. Responsabilidad contributiva antes de contribución alternativa mínima (Suma de las líneas 12 y 13 menos línea 14)	(15)	0	00
	16. Contribución alternativa mínima (Anejo A Corporación, Parte V, línea 35)	(16)	0	00
	17. Contribución sobre monto equivalente a dividendo o distribución de beneficios (Branch Profits Tax Form AS 2879, línea 11)	(17)	0	00
	18. Responsabilidad Contributiva Total (Sume líneas 15 a la 17)	(18)	0	00
	19. Menos: Otros Pagos y Retenciones (Anejo B Corporación, Parte III, línea 10)	(19)	0	00
	20. Crédito por el pago de derechos adicionales a los automóviles de lujo bajo la Ley 42-2005 (Véanse instrucciones)	(20)	0	00
Parte III	21. Balance de contribución a pagar (Si la línea 18 es mayor que la suma de las líneas 19 y 20, anule la diferencia aquí, de lo contrario, en la línea 23)	(21)	0	00
	a) Contribución	(21a)	0	00
	b) Intereses	(21b)	0	00
	c) Recargos	(21c)	0	00
	d) Total (Sume líneas 21(a) a la 21(c))	(21d)	0	00
	22. Adición a la Contribución por Falta de Pago de la Contribución Estimada (Anejo I Corporación, Parte II, línea 21)	(22)	0	00
	23. Exceso de contribución pagada o retenida (Véanse instrucciones)	(23)	0	00
	24. Cantidad pagada con esta planilla (Sume líneas 21(d) y 22 menos línea 23)	(24)	0	00
	25. Contribución pagada en exceso (Sume líneas 18 y 22, menos líneas 19 y 20. Indique la distribución de la línea 25 en línea A, B, C o D):			
	A. Acreditar a la contribución estimada año 2012	(25a)	0	00
	B. Aportación al Fondo Especial para el Fstrario de la Bahía de San Juan	(25b)	0	00
	C. Aportación al Fondo Especial para la Universidad de Puerto Rico	(25c)	0	00
	D. A reintegrar	(25d)	0	00

Período de Conservación: 10 años

EN ACCION INC.
660-0582212

DECLARACIÓN ADJUNTA PARA EL ESTADO LIBRE ASOCIADO
DE PUERTO RICO SOBRE LOS INGRESOS ANUALES DE CORPORACIONES
PARA EL AÑO QUE TERMINA EN 4/30/2012

Ingresos de Corporaciones, Página 1 Línea 2, Pérdida neta en operaciones

Año	Pérdida neta en operaciones	Cantidad utilizada	Pérdida neta en operaciones disponible	Expira
6/30/2006	12,661	1,959	19,269	6/30/2016
06/30/2008	8,567	0	8,567	6/30/2018
6/30/2011	21,778	0	41,047	6/30/2021

Total Pérdida neta en operaciones: 43,006

Total Cantidad utilizada: 1,959

Pérdida neta en operaciones disponible: 41,047

Formulario 439.2 Rev 01.12

Corporación - Página 2

Parte IV		Parte V		Parte VI	
1. Ventas netas	(1)	623,499	00		
Menos: Costos de ventas o costos directos de producción					
2. Inventario al comienzo del año	(2)				
(a) Materiales	(2a)	0	00		
(b) Artículos en proceso	(2b)	0	00		
(c) Artículos terminados o mercadería	(2c)	407	00		
3. Compra de materiales o mercadería	(3)	162,384	00		
4. Jornales directos	(4)	0	00		
5. Otros costos directos (Detalle en Parte VI)	(5)	0	00		
6. Total costo bienes disponibles para la venta (Suma líneas 2 a la 5)	(6)	162,786	00		
7. Menos: Inventario al finalizar el año	(7)				
(a) Materiales	(7a)	0	00		
(b) Artículos en proceso	(7b)	0	00		
(c) Artículos terminados o mercadería	(7c)	925	00	161,861	00
8. Ganancia bruta en venta o producción (Reste el resultado de la línea 6 menos línea 7, de la línea 1)	(8)			461,549	00
9. Ganancia neta de capital (Anejo D Corporación, Parte IV, línea 22)	(9)			0	00
10. Ganancia neta (o pérdida) en la venta de propiedad que no sea activo de capital (Anejo D Corporación, Parte VI, línea 40)	(10)			0	00
11. Renta	(11)			0	00
12. Intereses	(12)			0	00
13. Ingreso por servicio o comisiones	(13)			0	00
14. Dividendos de corporaciones: (a) Domésticas 0 (b) Extranjeras 0	(14)			0	00
15. Participación distribuida en el ingreso neto de sociedades y sociedades especiales (Anejo R Corporación, Parte II, línea 12)	(15)			0	00
16. Beneficio tributable de agricultura (Anejo S Corporación, Parte I, línea 9)	(16)			0	00
17. Fletes y pasajes	(17)			0	00
18. Ingresos misceláneos	(18)			0	00
19. Total de ingresos (Suma líneas 8 a la 18)	(19)			461,549	00
20. Compensación a oficiales (Véanse instrucciones Parte X)	(20)	0	00		
21. Sueldos, comisiones y bonificaciones a empleados	(21)	112,107	00		
22. Comisiones a negocios	(22)	0	00		
23. Seguro social federal (FICA)	(23)	8,663	00		
24. Seguro de desempleo	(24)	5,210	00		
25. Primas Fondo Seguro del Estado	(25)	1,133	00		
26. Seguro médico o de hospitalización	(26)	1,600	00		
27. Seguros	(27)	14,011	00		
28. Intereses (Véanse instrucciones)	(28)	119,154	00		
29. Renta	(29)	0	00		
30. Contribución sobre propiedad: (a) Mueble 1,038 (b) Inmueble 0	(30)	1,038	00		
31. Otras contribuciones, patentes y licencias (Véanse instrucciones)	(31)	3,262	00		
32. Pérdidas ocasionadas por fuego, huracán, otros siniestros o por robo	(32)	0	00		
33. Gastos de automóviles (Millaje 0) (Véanse instrucciones)	(33)	551	00		
34. Gastos de otros vehículos de motor (Véanse instrucciones)	(34)	0	00		
35. Gastos de comida y entretenimiento (Total 578) (Véanse instrucciones)	(35)	289	00		
36. Gastos de viajes	(36)	73	00		
37. Servicios profesionales	(37)	14,145	00		
38. Aportaciones a planes de pensiones u otros planes calificados (Véanse instrucciones. Someta Anejo F Corp.)	(38)	0	00		
39. Depreciación y amortización (Véanse instrucciones. Someta Anejo E)	(39)	124,984	00		
40. Deudas incobrables (Véanse instrucciones)	(40)	0	00		
41. Donativos (Véanse instrucciones)	(41)	0	00		
42. Reparaciones (Véanse instrucciones)	(42)	10,455	00		
43. Deducción a patronos que emplean personas impedidas (Véanse instrucciones)	(43)	0	00		
44. Aportaciones a cuentas de aportación educativa para los beneficiarios de sus empleados (Véanse instrucciones)	(44)	0	00		
45. Otras deducciones (Véanse instrucciones)	(45)	127,766	00		
46. Total de deducciones (Suma líneas 20 a la 45)	(46)			545,038	00
47. Ingreso neto (o pérdida) de operaciones del año (Línea 19 menos línea 46. Traslado a la Parte I, línea 1)	(47)			(83,490)	00
Parte VI		Importe		Importe	
1. Jornales, sueldos y bonificaciones	(1)	0	00	8. Reparaciones	(8)
2. Seguro social federal (FICA)	(2)	0	00	9. Luz y agua	(9)
3. Seguro de desempleo	(3)	0	00	10. Renta	(10)
4. Primas Fondo Seguro del Estado	(4)	0	00	11. Depreciación (Someta Anejo E)	(11)
5. Seguro médico o de hospitalización	(5)	0	00	12. Otros gastos (Someta detalles)	(12)
6. Otros seguros	(6)	0	00	13. Total otros costos directos (Suma líneas 1 a la 12. Igual a la Parte IV, línea 5)	(13)
7. Arbitrios / Impuesto sobre Uso	(7)	0	00		

Palisada Conservación Daz (Hijas)

Formulario 4802 Rev. 01.12

Corporación - Página 3

Corporación - Estado de Situación Comparado		Al comenzar el año		Al terminar el año	
Activos		Total		Total	
1. Efectivo en caja y bancos	(1)	(21,331)	00	(2,562)	00
2. Cuentas a cobrar	(2)	0	00	0	00
3. Menos: Reserva para cuentas incobrables	(3)	0	00	0	00
4. Obligaciones a cobrar	(4)	1,200	00	2,157	00
5. Inventarios	(5)	402	00	925	00
6. Inversiones	(6)	0	00	0	00
7. Activos depreciables	(7)	3,128,928	00	3,128,925	00
8. Menos: Reserva para depreciación	(8)	810,923	00	935,900	00
9. Terrenos	(9)	0	00	0	00
10. Otros activos	(10)	12,485	00	12,485	00
11. Total de Activos	(11)	2,310,758	00	2,206,030	00
Pasivos y Capital					
Pasivos					
12. Cuentas a pagar	(12)	0	00	0	00
13. Gastos incurridos y no pagados	(13)	26,597	00	2,531	00
14. Obligaciones a pagar a largo plazo	(14)	2,324,725	00	2,277,355	00
15. Otras obligaciones	(15)	0	00	59,487	00
16. Total de Pasivos	(16)	2,351,322	00	2,330,373	00
Capital					
17. Capital en acciones					
(a) Acciones preferidas	(17a)	0	00	0	00
(b) Acciones comunes	(17b)	5,000	00	5,000	00
18. Sobrante de capital	(18)	0	00	0	00
19. Ganancias retenidas	(19)	(45,564)	00	(129,343)	00
20. Reserva	(20)	0	00	0	00
21. Total de Capital	(21)	(40,564)	00	(124,343)	00
22. Total Pasivos y Capital	(22)	2,310,758	00	2,206,030	00
Reconciliación del Ingreso Neto (o Pérdida) según Libros con el Ingreso Neto Tributable (o Pérdida) según Planilla					
1. Ingreso neto (o pérdida) según libros	(1)	(83,779)	00		
2. Contribución sobre ingresos según libros	(2)	0	00		
3. Exceso de pérdidas de capital sobre ganancias de capital	(3)	0	00		
4. Ingreso tributable no registrado en los libros este año (Detalle, use anejo si es necesario)					
(a)		0			
(b)		0			
(c)		0			
(d)		0			
Total	(4)	0	00		
5. Gastos registrados en los libros este año no reclamados en esta planilla (Detalle, use anejo si es necesario)					
(a) Comida y entretenimiento (porción no reclamada)	289				
(b) Depreciación	0				
(c) Vehículos de motor (en exceso del límite)	0				
(d) Embarcaciones, aeronaves y propiedad localizada fuera de P.R.	0				
(e)	0				
Total	(5)	289	00		
6. Total	(6)	(83,490)	00		
7. Ingreso registrado en los libros este año no incluido en esta planilla (Detalle, use anejo si es necesario)					
(a) Intereses exentos		0			
(b)		0			
(c)		0			
(d)		0			
Total	(7)	0	00		
8. Deducciones en esta planilla no llevadas contra el ingreso en los libros este año (Detalle, use anejo si es necesario)					
(a) Depreciación		0			
(b)		0			
(c)		0			
(d)		0			
Total	(8)	0	00		
9. Total (Sume líneas 7 y 8)	(9)	0	00		
10. Ingreso neto tributable (o pérdida) según planilla (línea 6 menos línea 9)	(10)	(83,490)	00		
Análisis del Sobrante según Libros					
1. Balance al comenzar el año	(1)	(45,564)	00		
2. Ingreso neto según libros	(2)	(83,779)	00		
3. Otros aumentos (Detalle, use anejo si es necesario)		0			
		0			
		0			
4. Total (Sume líneas 1, 2 y 3)	(3)	(129,343)	00		
5. Distribuciones:					
(a) Efectivo	(5a)			0	00
(b) Propiedad	(5b)			0	00
(c) Acciones	(5c)			0	00
6. Otras rebajas (Use anejo si es necesario)	(6)			0	00
7. Total (Sume líneas 5 y 6)	(7)			0	00
8. Balance al finalizar el año (Línea 4 menos línea 7)	(8)			(129,343)	00

Preparado por el Contribuyente

Reproducido por CEGSOFT (EPRI)

Formulario 400-2 Rev. 01.12

Compensación a Oficiales

Parte X	Nombre del oficial	Número de registro social	Por ciento del tiempo dedicado a industria o negocio		Por ciento de las acciones poseídas		Compensación
			Comunes	Prefeitas	Comunes	Prefeitas	
			0 %	0 %	0 %	0 %	0.00
			0 %	0 %	0 %	0 %	0.00
			0 %	0 %	0 %	0 %	0.00
			0 %	0 %	0 %	0 %	0.00
Total de compensación a oficiales (Traslada a la Parte V, línea 20)							0.00

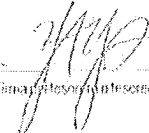
Cuestionario

Parte XI	SI	NO	SI	NO
1. Si es una corporación extranjera, indique si la industria o negocio operó como sucursal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(01)	N/A
2. Si es una sucursal, indique el por ciento que representa el ingreso de fuentes de Puerto Rico del total de ingreso de la corporación: 0 %			(02)	N/A
3. ¿Mantuvo la corporación durante este año parte de sus récords en un sistema computarizado?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(03)	N/A
4. Los libros de la corporación están a cargo de: Nombre: GAO CORP Dirección:			(04)	N/A
Correo electrónico (E-mail): Teléfono D:			(05)	X
5. Indique el método de contabilidad utilizado en los libros para propósitos contábilivos: <input checked="" type="checkbox"/> Recibido y Pagado <input type="checkbox"/> Acumulación <input type="checkbox"/> Otro (especifique):			(06)	X
6. ¿Rindió la corporación los siguientes documentos? (a) Declaración informativa (Formularios 400-5, 400-6A, 400-6B) <input checked="" type="checkbox"/> (b) Comprobante de Retención (Formulario 499R-2AW-2PR) <input checked="" type="checkbox"/>			(07)	X
7. Si el ingreso bruto de la entidad o del grupo controlado excede de \$3,000,000, ¿Sometió estados financieros auditados por un CPA con licencia de Puerto Rico? Número de empleados durante el año: 20			(08)	N/A
8. ¿Reclamó la corporación gastos relacionados con la titularidad, uso, mantenimiento y depreciación de: (a) Automóviles? <input type="checkbox"/> (b) Embarcaciones? <input type="checkbox"/>			(09)	N/A
(1) ¿Derivó más del 60% de la totalidad de sus ingresos de actividades relacionadas exclusivamente con la pesca o transportación de pasajeros o de carga o arrendamiento?			(10)	N/A
(c) Aeronaves? (1) ¿Derivó más del 60% de la totalidad de los ingresos de actividades relacionadas exclusivamente con la transportación de pasajeros o de carga o arrendamiento?			(11)	N/A
(d) Propiedad residencial fuera de Puerto Rico? (1) ¿Derivó más del 60% de la totalidad de sus ingresos de actividades relacionadas exclusivamente con el alquiler de propiedades a personas no relacionadas?			(12)	N/A
10. ¿Reclamó la corporación gastos relacionados con: (a) Alojamiento? (excepto empleados del negocio) <input checked="" type="checkbox"/> (b) Empleados que asistieron a convenciones fuera de Puerto Rico o los Estados Unidos? <input checked="" type="checkbox"/>			(13)	X
11. ¿Distribuyó la corporación, durante el año contributivo, dividendos que no fueran en acciones o en liquidación en exceso de la ganancia corriente y acumulada?			(14)	X
12. ¿Es la corporación socio de una sociedad especial? (Si es más de una, someta detalle) Nombre de la Sociedad Especial: Número de identificación patronal:			(15)	X
13. ¿Recibió ingresos exentos? (Someta Anejo II, Corporación)			(16)	X
14. Anote la cantidad correspondiente de donativos a municipios de la cantidad incluida en la Parte V, línea 41: 0			(17)	0
15. Indique si pagó primas a aseguradores no autorizados <input checked="" type="checkbox"/>			(18)	X
16. Número de patrono otorgado por el Departamento del Trabajo y Recursos Humanos: 3157450009			(19)	
17. Número de accionistas: 1			(20)	

JURAMENTO

Nosotros, los suscribientes, presidente (o vicepresidente u otro oficial principal) y tesorero (o tesorero auxiliar), o agente de la corporación a nombre de la cual se hace esta planilla de contribución sobre ingresos, cada uno por sí, bajo el más solemne juramento y so pena de perjurio, declaramos que hemos examinado la misma (incluyendo anejos y estados que la acompañan), y que según nuestro mejor conocimiento y creencia es una planilla exacta, correcta y completa, hecha de buena fe, de acuerdo con el Código de Rentas Internas de 2011, según enmendado, y sus Reglamentos.


Firma de presidente o vicepresidente


Firma de tesorero o tesorero auxiliar

Ajuda

PARA USO DEL ESPECIALISTA SOLAMENTE

Declaro bajo penalidad de perjurio que he examinado esta planilla (incluyendo los anejos y estados adjuntos), y a mi mejor conocimiento y creencia, los datos en la misma son ciertos, completos y constituyen en conjunto una planilla exacta y completa. La declaración de la persona que prepara esta planilla es con relación a la información recibida y ésta puede ser verificada.

Nombre del especialista (Letra de nombre)	Núm. de registro	Fecha	Mencione aquí si es especialista por cuenta propia <input type="checkbox"/>
Nombre de la firma	Número de identificación patronal		
Firma del especialista	Dirección	Código postal	

NOTA AL CONTRIBUYENTE
Indique si hizo pagos por la preparación de su planilla: SI No. Si contestó "SI", exija la firma y el número de registro del Especialista.

Período de Conservación: Diez (10) años

EN ACCION INC.

66-0582212

STATEMENT ATTACHED TO AND MADE A PART OF THE
COMMONWEALTH OF PUERTO RICO INCOME TAX RETURN
FOR THE YEAR ENDED 2012

Other Taxes, Patents and Licenses

<u>Description</u>	<u>Total</u>
PATENTES	\$3,262
	<u>\$3,262</u>

EN ACCION INC.

66-0582212

STATEMENT ATTACHED TO AND MADE A PART OF THE
COMMONWEALTH OF PUERTO RICO INCOME TAX RETURN
FOR THE YEAR ENDED 2012

Other Deductions

<u>Description</u>	<u>Total</u>
ADVERTISING EXPENSE	\$2,568
BANK CHARGES	\$3,718
CREDIT CARD COMMISSIONS	\$4,920
CHARITABLE CONTRIBUTIONS	\$100
COMMISSIONS AND FEES EXPENSE	\$135
DUES AND SUBSCRIPTIONS EXPENSE	\$79
FREIGHT EXPENSE	\$3,484
LAUNDRY AND CLEANING EXPENSE	\$278
MAINTENANCE EXPENSE	\$95,186
ALARM	\$305
OFFICE EXPENSE	\$5,240
SUPPLIES EXPENSE	\$109
TELEPHONE EXPENSE	\$7,460
OTHER EXPENSE	\$4,184
	<u>\$127,766</u>

Anejo A Corporación Rev. 01/12	CONTRIBUCION ALTERNATIVA MINIMA Año contable comenzó el 1 de 5 de 2011 y terminó el 30 de 4 de 2012	2012
Nombre del contribuyente EN ACCION INC.		Número de Identificación Patronal 66-0582212
Parte I Ajustes en el Cómputo del Ingreso Neto Alternativo Mínimo Antes de Ajustes en los Libros y Pérdidas de Operaciones		
1. Ingreso neto sujeto a contribución normal sin considerar la pérdida neta en operaciones de años anteriores y excluyendo la ganancia neta de capital que haya optado por tributar a las tasas especiales (Véanse instrucciones).....	(1)	(83,490) 00
2. Ajustes:		
a. Depreciación flexible.....	(2a)	0 00
b. Ventas a plazos.....	(2b)	0 00
c. Contrato a largo plazo.....	(2c)	0 00
d. Gastos relacionados con intereses exentos.....	(2d)	0 00
e. Depreciación acelerada.....	(2e)	0 00
f. Gastos incurridos o pagados a una persona relacionada por servicios prestados fuera de Puerto Rico.....	(2f)	0 00
g. Total de ajustes (Suma líneas 2 (a) a la 2 (f)).....	(2g)	0 00
3. Ingreso neto alternativo mínimo antes de ajustes de la Parte II y la pérdida de operaciones (Suma líneas 1 y 2(g)).....	(3)	(83,490) 00
Parte II Ajuste por el Exceso del Ingreso Neto Ajustado según Libros sobre el Ingreso Neto Alternativo Mínimo Antes de Ajustes		
4. Ingreso neto (o pérdida) según libros.....	(4)	(83,779) 00
5. Ajuste por amortización de plusvalía.....	(5)	0 00
6. Contribuciones sobre ingresos consideradas en los libros.....	(6)	0 00
7. Suma de las líneas 4, 5 y 6.....	(7)	(83,779) 00
8. Ingreso de intereses exentos neto de gastos relacionados.....	(8)	0 00
9. Dividendos y distribuciones de beneficios recibidos de cooperaciones o sociedades domésticas, de ingresos de fomento industrial o de desarrollo turístico.....	(9)	0 00
10. Ingreso de fomento industrial, ingreso exento de desarrollo turístico o ingreso de negocio agrícola bona fide.....	(10)	0 00
11. Ingreso (o pérdida) reconocido según el método de equidad.....	(11)	0 00
12. Reserva para pérdidas catastróficas.....	(12)	0 00
13. Ganancia neta de capital a largo plazo (Véanse instrucciones).....	(13)	0 00
14. Suma líneas 8 a la 13.....	(14)	0 00
15. Línea 7 menos línea 14.....	(15)	(83,779) 00
16. Línea 15 menos línea 3. Si la línea 3 es mayor que la línea 15, anote cero.....	(16)	0 00
17. Ajuste por el exceso del ingreso neto ajustado según libros sobre el ingreso neto alternativo mínimo de la línea 3 (Multiplique la línea 16 por 50%).....	(17)	0 00
Parte III Cómputo del Ingreso Neto Alternativo Mínimo		
18. Ingreso neto alternativo mínimo antes de pérdida neta en operaciones (Suma líneas 3 y 17).....	(18)	(83,490) 00
19. Pérdida neta en operaciones de años anteriores para la determinación de la contribución alternativa mínima (Véanse instrucciones. Semeta detalle).....	(19)	0 00
20. Línea 18 menos línea 19 (Anote aquí la diferencia, pero no menos del 10% de la línea 18).....	(20)	0 00
21. Cantidad exenta (Véanse instrucciones).....	(21)	50,000 00
22. Ingreso neto alternativo mínimo (Línea 20 menos línea 21).....	(22)	0 00
Parte IV Cómputo del Crédito Alternativo Mínimo por Contribuciones Pagadas al Extranjero		
23. Contribución mínima tentativa (Multiplique la línea 22 por 20%).....	(23)	0 00
24. Ingreso neto alternativo mínimo antes de la deducción por pérdida neta en operaciones (Línea 18).....	(24)	(83,490) 00
25. Cantidad exenta permisible sin considerar la pérdida neta en operaciones (Véanse instrucciones).....	(25)	0 00
26. Línea 24 menos línea 25.....	(26)	0 00
27. Multiplique la línea 26 por 20%.....	(27)	0 00
28. Multiplique la línea 27 por 10%.....	(28)	0 00
29. Límite del crédito (Línea 23 menos línea 28).....	(29)	0 00
30. Crédito alternativo mínimo por contribuciones pagadas al extranjero (Esta cantidad no podrá exceder la cantidad en la línea 29. Véanse instrucciones).....	(30)	0 00
Parte V Cómputo de la Contribución Alternativa Mínima		
31. Contribución mínima tentativa después del crédito alternativo mínimo por contribuciones pagadas al extranjero (Línea 23 menos línea 30).....	(31)	0 00
32. Uno por ciento (1%) del valor de las compras de propiedad mueble de una persona relacionada (Véanse instrucciones).....	(32)	0 00
33. Contribución mínima tentativa (Anote la mayor entre líneas 31 y 32).....	(33)	0 00
34. Contribución regular ajustada.....	(34)	0 00
35. Contribución alternativa mínima (Línea 33 menos línea 34. Si la línea 34 excede la línea 33, anote cero, de lo contrario, anote la diferencia en el Formulario 480-2, Parte III, línea 16).....	(35)	0 00

Anejo B Corporación Rev. 01.12	RECOBRO DE CREDITOS RECLAMADOS EN EXCESO, CREDITOS CONTRIBUTIVOS, Y OTROS PAGOS Y RETENCIONES	2012	
Año contributivo comenzado el 1 de 5 de 2011 y terminado el 30 de 4 de 2012		Número de Identificación Patronal 66-0582212	
Nombre del contribuyente EN ACCION INC.			
Parte I Recobro de Crédito Reclamado en Exceso			
	Columna A	Columna B	Columna C
Nombre de la entidad: Núm. de identificación patronal:			
Crédito por:			
Desarrollo Turístico 1			1
Desperdicios Sólidos 2			2
Fondo de Capital de Inversión 3			3
Distrito Teatral de Santurce 4			4
Desarrollo Industria Filmica 5			5
Infraestructura de Vivienda 6			6
Construcción o Rehabilitación de Vivienda para Alquiler a Familias de Ingresos Bajos o Moderados 7			7
Adquisición de un Negocio Exento en Proceso de Cerrar Operaciones en Puerto Rico 8			8
Servidumbre de Conservación 9			9
Incentivos Económicos (Investigación y Desarrollo) 10			10
Incentivos Económicos (Proyectos Estratégicos) 11			11
Incentivos Económicos (Inversión Industrial) 12			12
Incentivos Energía Verde (Investigación y Desarrollo) 13			13
Otros 14			14
1. Total de crédito reclamado en exceso (1)			0.00
2. Recobro de crédito reclamado en exceso pagado en el año anterior, si aplica (2)			0.00
3. Recobro de crédito reclamado en exceso a pagar este año (Traslade al Formulario 480.2, Parte III, línea 13. Véanse instrucciones) (3)			0.00
4. Exceso de crédito arrendado para el próximo año, si aplica (Línea 1 menos líneas 2 y 3. Véanse instrucciones) (4)			0.00
Parte II Créditos Contributivos (No incluya pagos de estimada. Refiérase a la Parte III de este Anejo)			
1. Crédito por contribuciones pagadas a los Estados Unidos, sus posesiones y países extranjeros (Anejo C Corporación, Parte III, línea 5(b)) (1)			0.00
2. Crédito por aumento de inversión (Véanse instrucciones) (2)			0.00
3. Crédito atribuible a pérdidas o por inversión en Fondos de Capital de Inversión, de Turismo u otros fondos o directamente (Someta Anejo Q y Q1) (3)			0.00
4. Crédito por contribución alternativa mínima pagada en años anteriores (Véanse instrucciones) (4)			0.00
5. Crédito por la compra de créditos contributivos (Complete Parte IV) (Véanse instrucciones) (5)			0.00
6. Crédito por inversión en Desarrollo Industria Filmica: <input type="checkbox"/> Proyecto Filmico y/o <input type="checkbox"/> Proyecto Infraestructura (Véanse instrucciones) (6)			0.00
7. Crédito por inversión en Infraestructura de Vivienda (Véanse instrucciones) (7)			0.00
8. Crédito por inversión en la Construcción o Rehabilitación de Vivienda para Alquiler a Familias de Ingresos Bajos o Moderados (Véanse instrucciones) (8)			0.00
9. Crédito para inversionistas que adquieran un negocio exento que esté por cerrar operaciones en P.R. (Véanse instrucciones) (9)			0.00
10. Crédito por compras de productos manufacturados en Puerto Rico y del Agro Puertorriqueño (Anejo B1 Corporación, Parte IV, línea 8) (10)			0.00
11. Crédito por donativos al Patronato del Palacio de Santa Catalina (Véanse instrucciones) (11)			0.00
12. Crédito por constitución de servidumbre de conservación elegible o donación de terreno elegible (Véanse instrucciones) (12)			0.00
13. Crédito por inversión en construcción en centros urbanos (Véanse instrucciones) (13)			0.00
14. Crédito para comerciantes afectados por la revitalización de los cascos urbanos (Véanse instrucciones) (14)			0.00
15. Exención a personas que operen como editor (Véanse instrucciones) (15)			0.00
16. Exención a personas que operen como impresor (Véanse instrucciones) (16)			0.00
17. Exención a personas que operen como librero (Véanse instrucciones) (17)			0.00
18. Crédito por la Contribución Extraordinaria de 2006 (Véanse instrucciones) (18)			0.00
19. Crédito por inversión Ley 73-2006 (Véanse instrucciones) (19)			0.00
20. Crédito por inversión Ley 83-2010 (Véanse instrucciones) (20)			0.00
21. Crédito por retención de empleados (Someta Anejo B3 Corporación) (21)			0.00
22. Créditos arrastrados de años anteriores (Someta detalle) (22)			0.00
23. Otros créditos no incluidos en las líneas anteriores (Someta detalle) (Véanse instrucciones) (23)			0.00
24. Total Créditos Contributivos (Sumé líneas 1 a la 23) (24)			0.00
25. Total contribución determinada (Formulario 480.2, Parte III, línea 12) (25)			0.00
26. Crédito a ser reclamado (La menor de la línea 24 o 25. Traslade al Formulario 480.2, Parte III, línea 14) (26)			0.00
27. Créditos arrastrables (Someta detalle) (27)			0.00

Parte III		Otros Pagos y Retenciones	
		(9)	0.00
1.	Contribución pagada con prórroga automática.....	(0)	0.00
2.	Pagos de contribución estimada del año 2011.....	(0)	0.00
3.	Contribución pagada en exceso en años anteriores acreditada a la contribución estimada (Véanse instrucciones).....	(0)	0.00
4.	Contribución retenida en el origen.....	(0)	0.00
5.	Servicios prestados (Formulario 480.6B).....	(0)	0.00
6.	Contribución retenida en el origen sobre la participación distribuible a socios de sociedades especiales (Formulario 480.6SE).....	(0)	0.00
7.	Contribución retenida en el origen sobre la participación distribuible a socios de sociedades (Formulario 480.6S).....	(0)	0.00
8.	Contribución retenida en el origen sobre intereses elegibles.....	(0)	0.00
9.	Otros pagos y retenciones no incluidos en las líneas anteriores (Someta detalle).....	(0)	0.00
10.	Total Otros Pagos y Retenciones (Sume líneas 1 a la 9. Traslade el total al Formulario 480.2, Parte III, línea 19).....	(0)	0.00
Parte IV		Detalle de Compra de Créditos Contributivos	
Marque el bloque correspondiente a la ley (o leyes) bajo la cual adquirió el crédito e indique la cantidad del mismo:			
1	Desarrollo Turístico.....	(0)	0.00
2	Desperdicios Sólidos.....	(0)	0.00
3	Fondo de Capital de Inversión.....	(0)	0.00
4	Distrito Teatral de Santurce.....	(0)	0.00
5	Desarrollo Industria Filmica.....	(0)	0.00
6	Infraestructura de Vivienda.....	(0)	0.00
7	Construcción o Rehabilitación de Vivienda para Alquiler a Familias de Ingresos Bajos o Moderados.....	(0)	0.00
8	Adquisición de un Negocio Exento en Proceso de Cerrar Operaciones en Puerto Rico.....	(0)	0.00
9	Servidumbre de Conservación.....	(0)	0.00
10	Revitalización de los Centros Urbanos.....	(0)	0.00
11	Incentivos Económicos (Investigación y Desarrollo).....	(0)	0.00
12	Incentivos Económicos (Proyectos Estratégicos).....	(0)	0.00
13	Incentivos Económicos (Inversión Industrial).....	(0)	0.00
14	Incentivos Energía Verde (Investigación y Desarrollo).....	(0)	0.00
15	Otra:.....	(0)	0.00
16	Total crédito por la compra de créditos contributivos (Igual a Parte II, línea 5).....	(0)	0.00

Periodo de Conservación: Diez (10) años

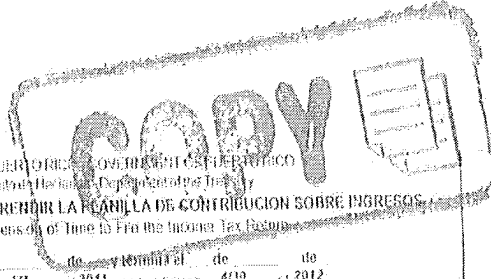
EN ACCION INC.
66-0582212

DECLARACIÓN ADJUNTA PARA EL ESTADO LIBRE ASOCIADO
DE PUERTO RICO SOBRE LOS INGRESOS ANUALES DE
CORPORACIONES TERMINADO EN EL AÑO 2011

Anejo E - (a) Depreciación Corriente

Type of Property	Date Acquired	Original cost	Depreciation in prior years	Estimated useful life	Depreciation this year
MUEBLES		\$7,448	\$5,353	7	\$1,063
MAQUINARIA Y EQUIPO		\$314,300	\$196,041	10	\$31,430
EDIFICIO		\$2,182,566	\$454,703	30	\$72,753
MEJORAS A EDIFICIO		\$592,052	\$122,266	30	\$19,735
		<u>\$3,096,366</u>	<u>\$778,363</u>	<u>77</u>	<u>\$124,981</u>

Modelo SC 2644
Form AS
Rev. 29/03/12



GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO
Departamento de Hacienda - Department of Treasury
SOLICITUD DE PRORROGA PARA RENDIR LA PLANILLA DE CONTRIBUCION SOBRE INGRESOS
Request for Extension of Time to File the Income Tax Return

Año comienza el ___ de ___ de 2011 y termina el ___ de ___ de 2012
Year begins on ___ of 2011 and ends on ___ of 2012

R
Liquidador
Revisor

Número de Serie

Seto de Pago

Parte - Part I: Información del Contribuyente - Taxpayer Information

Número de Seguro Social
Social Security Number

Número de Identificación Patronal
Employer Identification Number

6 6 0 5 8 2 2 1 2

Nombre del Individuo
Individual's First Name

Inicial
Initial

Apellido Paterno
Last Name

Apellido Materno
Second Last Name

Nombre de la Corporación, Sociedad, Sucesión o Fideicomiso - Name of the Corporation, Partnership, Estate or Trust
EM ACCION INC.

Dirección Postal - Postal Address
1445 ROOSEVELT

Código Municipal

SAN JUAN, PR

Código Postal - Zip Code 00920

Teléfono Residencia - Residential Telephone

Teléfono Oficina - Office Telephone

Número de recibo
Importe:

Ocupación / Negocio
Occupation / Business

7 8 7 7 8 1 6 9 9 3

GINNASIO

Parte - Part II: Información del (de los) Patrono(s) para quien(es) Trabaja (Aplica a prórroga automática y adicional)
Information of the Employer(s) for whom you Work (Applies to automatic and additional extension of time)

Nombre del Patrono - Employer's Name	Dirección - Address	Código Postal - Zip Code	Número de Identificación Patronal - Employer Identification Number
1			
2			

Parte - Part III: Ingresos (Aplica a prórroga automática y adicional) - Income (Applies to automatic and additional extension of time)

1. Ingreso según Comprobante de Retención o Ingreso Estimado Income as per Withholding Statement or Estimated Income	0	0	0
2. Otros Ingresos Other Income	0	0	0
3. Total de Ingreso Bruto Sujeto a Contribución Total Gross Income Subject to Tax	0	0	0

Parte - Part IV: Importe Incluido con esta Solicitud (Aplica solo a prórroga automática)
Amount Included with this Request (Applies only to automatic extension of time)

1. Cantidad pagada con esta solicitud aplicable al total no pagado de la contribución (responsabilidad contributiva total) Amount paid with this request applicable to the amount of tax due (total tax liability)	0	0	0
2. Cantidad pagada con esta solicitud aplicable a la Contribución Adicional Especial (Anexo N Incentivos) ... (CIFRA DE INGRESO 0215) Amount paid with this request applicable to the Special Surtax (Schedule N Incentives) ... (FIGURE OF INCOME 0215)	0	0	0
3. Cantidad pagada con esta solicitud aplicable al Prepago del Impuesto sobre Repatriación (Formulario 489.3(D), Parte III) Amount paid with this request applicable to the Prepayment of Legible Tax (Form 489.3(D), Part III) ... (CIFRA DE INGRESO 0242)	0	0	0

Modelo IS-2814, Rev. 29 Feb 12 Pagina 2

Parte - Part V: Solicitud de Prórroga Automática - Request for Automatic Extension of Time Clase de contribuyente - Type of taxpayer		
1. Individuo - Individual 2. Sucesión - Estate 3. Fideicomiso - Trust 4. Corporación - Corporation 5. Corporación bajo el Programa de Incentivos Contributivos de Puerto Rico - Corporation under the Puerto Rico Tax Incentives Program 6. Corporación Especial Propiedad de Trabajadores - Employee-Owned Special Corporation 7. Corporación de Individuos - Subchapter N Corporation 8. Sociedad - Partnership	9. Sociedad Especial - Special Partnership 10. Organización Sin Fines de Lucro - Not for Profit Organization 11. Compañía Inscrita de Inversión - Registered Investment Company 12. Fideicomiso para Beneficio del Fideicomitente - Grantor Trust 13. Corporación extranjera que no tiene oficina en Puerto Rico - Foreign corporation that does not have an office in Puerto Rico	3 meses months

14. Marque aquí si es socio en una sociedad sujeta a tributación bajo el Código de Rentas Internas Federal (Véanse instrucciones) Check here if you are a partner of a partnership subject to tax under the Federal Internal Revenue Code (See instructions)	15. Fideicomiso de Empleados - Employee Trust	6 meses months Decimoquinto (15) día del décimo mes siguiente al cierre del año contributivo Fifteenth (15) day of the tenth month following the close of the taxable year
---	---	---

Parte - Part VI: Solicitud de Prórroga Adicional (Solamente si se encuentra fuera de Puerto Rico. Véanse instrucciones) Request for Additional Extension of Time (Only if taxpayer is outside of Puerto Rico. See instructions)		3 meses months
Clase de contribuyente: - Type of taxpayer:		
1. Individuo - Individual 2. Sucesión - Estate 3. Fideicomiso - Trust		
Marque sí - Check if:		
Contribuyente se encuentra fuera de Puerto Rico. - Taxpayer is outside of Puerto Rico.		Para Uso Interno (Razones) For Internal Use (Reasons) A D
Contribuyente acompaña evidencia demostrando que se encuentra fuera de Puerto Rico. - Taxpayer submits evidence that he/she is outside of Puerto Rico.		

Juramento - Oath

Declaro bajo penalidad de perjurio que he examinado la información aquí suministrada y que según mi mejor información y creencia la misma es cierta, correcta y completa.
 I hereby declare under penalty of perjury that I have examined the information herein and to the best of my knowledge and belief it is true, correct and complete.

Título - Title 8/10/12 Fecha - Date	Nombre del contribuyente taxpayer's name Torres Quinones & Associates Nombre del representante autorizado Duly authorized agent's name	Firma del contribuyente Taxpayer's signature TQW Firma del representante autorizado Duly authorized agent's signature
---	--	---

Dirección del representante autorizado - Duly authorized agent's address
 P.O. Box # 138 AVE WINSTON CHURCHILL, SAN JUAN, PR, 00926-0138 Teléfono - telephone (787) 753-3015

ESTA PRORROGA NO EXTIENDE EL PAGO DE LA CONTRIBUCION O CUALQUIER PLAZO DE LA MISMA, POR LO QUE CUALQUIER BALANCE PENDIENTE DE PAGO GENERARÁ INTERESES Y RECARGOS DESDE LA FECHA DE VENCIMIENTO DE LA PLANILLA. ES IMPORTANTE QUE COMPLETE TODOS LOS ENCASILLADOS. RECUERDE INCLUIR LA INFORMACION DE SU PATRONO Y EL INGRESO BRUTO QUE DEVENGO EN EL AÑO. THIS EXTENSION DOES NOT EXTEND THE TIME FOR PAYMENT OF THE TAX OR ANY INSTALLMENT THEREOF, THEREFORE, ANY BALANCE DUE WILL GENERATE INTEREST AND SURCHARGES FROM THE DUE DATE OF THE RETURN. IT IS IMPORTANT THAT YOU COMPLETE ALL BOXES. REMEMBER TO INCLUDE YOUR EMPLOYER'S INFORMATION AND THE GROSS INCOME RECEIVED DURING THE YEAR.

RECEIVED
 08/15/2012
 09:00 AM
 SAN JUAN, PR

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
SAN JUAN, PR 00902	
Postage	\$ 40.45
Certified Fee	\$2.95
Return Receipt Fee (Enrollment Required)	\$2.35
Restricted Delivery Fee (Enrollment Required)	\$0.00
Total Postage & Fees	\$ 45.75

0001
 08/15/2012
 09:00 AM
 SAN JUAN, PR 00902
 Postmark
 Here

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X AUG 17 2012</p> <p>B. Received by (Printed Name) <i>Edi. Balaguera</i> Date of Delivery <i>Aug 17 2012</i></p> <p>C. Received by (Printed Name) <i>Edi. Balaguera</i> Date of Delivery <i>Aug 17 2012</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Departamento de Hacienda P.O. Box 50072 San Juan, PR 00902-6272</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7031 2970 0002 6353 8820</p>	

IN RE EN ACCION, INC.

Debtor(s)

Case No.

(If known)

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 not 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.

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

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- Domestic Support Obligations
Extensions of credit in an involuntary case
Wages, salaries, and commissions
Contributions to employee benefit plans
Certain farmers and fishermen
Deposits by individuals
Taxes and Certain Other Debts Owed to Governmental Units
Commitments to Maintain the Capital of an Insured Depository Institution
Claims for Death or Personal Injury While Debtor Was Intoxicated

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE EN ACCION, INC.

Debtor(s)

Case No. _____

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. DEPARTMENT OF TREASURY OF PR BANKRUPTCY SECTION (424-B) P O BOX 9024140 SAN JUAN, PR 00902-4140		SALES TAX				83,664.44	83,664.44	
ACCOUNT NO. DEPARTMENT OF TREASURY OF PR BANKRUPTCY SECTION (424-B) P O BOX 9024140 SAN JUAN, PR 00902-4140		INCOME TAX WITHHOLDINGS TO EMPLOYEES				310.15	310.15	
ACCOUNT NO. DEPARTMENT OF TREASURY OF PR BANKRUPTCY SECTION (424-B) P O BOX 9024140 SAN JUAN, PR 00902-4140		SPECIAL CONTRIBUTION				11,000.00	11,000.00	
ACCOUNT NO. INTERNAL REVENUE SERVICES CITY VIEW PLAZA II BLD 48 CARR 165 SUITE #2000 SAN JUAN, PR 00968-8000						7,924.79	7,924.79	
ACCOUNT NO. MUNICIPALITY OF SAN JUAN PO BOX 70179 SAN JUAN, PR 00936-8179		MUNICIPAL SALES TAX APRIL 2013 - \$349.99 MARCH 2013 - \$270.99 FEBRUARY 2013 - \$246.55 JANUARY 2013 - \$341.81				1,209.34	1,209.34	
ACCOUNT NO.								

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Totals of this page)

\$ 104,108.72	\$ 104,108.72	\$
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Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$ 104,108.72		
----------------------	--	--

Total

(Use only on last page of the completed Schedule E. If applicable,
report also on the Statistical Summary of Certain Liabilities and Related Data.)

	\$ 104,108.72	\$
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IN RE EN ACCION, INC. Debtor(s) Case No. (If known)

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 nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT UNLIQUIDATED DISPUTED			AMOUNT OF CLAIM
ACCOUNT NO. CORPORATE CENTER AT ROOSEVELT PMB 120 400 KALAF SAN JUAN, PR 00918						126,755.98
ACCOUNT NO. RIVERA & FERNANDEZ LAW OFFICES PO BOX 360764 SAN JUAN, PR 00936-0764						5,914.06
ACCOUNT NO. SESAC 52 MUSICE SQUARE EAST NASHVILLE, TN 37203-4362						481.89
ACCOUNT NO. SUSANA SCHWARZ CAPARRA GALLERY OFC 312 107 CALLE ORTEGON GUAYNABO, PR 00966						204,813.09

1 continuation sheets attached

Subtotal (Total of this page) \$ **337,965.02**

Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$

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B6F (Official Form 6F) (12/07) - Cont.

IN RE EN ACCION, INC.

Debtor(s)

Case No. _____

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. TORRES QUIÑONES & ASSOCIATES, PSC #138 AVE. WINSTON CHURCHILL SAN JUAN, PR 00926-6013						6,600.00
ACCOUNT NO. WEKANDO BO. VALENZUELA #1890 SAN JUAN, PR 00926						3,400.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

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Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **10,000.00**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **347,965.02**

IN RE EN ACCION, INC.

Debtor(s)

Case No.

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____ Debtor

Date: _____ Signature: _____ (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

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 by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer Date

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 signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision 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.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **PRESIDENT** (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the **EN ACCION, INC.**

(corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **26** sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: **July 2, 2013** Signature: **/s/ YARIZA YULIAN SCHWARZ**

YARIZA YULIAN SCHWARZ

(Print or type name of individual signing on behalf of debtor)

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

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.

Document Page 28 of 29
United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

EN ACCION, INC. _____

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: July 2, 2013

Signature: /s/ YARIZA YULIAN SCHWARZ
YARIZA YULIAN SCHWARZ, PRESIDENT

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

EN ACCION, INC.
33 CALLE RESOLUCION SUITE 101
SAN JUAN, PR 00920

SMALL BUSINESS ADMINISTRATION
273 PONCE DE LEON AVE.
PLAZA SCOTIABANK SUITE 510
SAN JUAN, PR 00917

FRANCISCO J. RAMOS GONZALEZ, ESQ.
P O BOX 191993
SAN JUAN, PR 00919-1993

SUSANA SCHWARZ
CAPARRA GALLERY OFC 312
107 CALLE ORTEGON
GUAYNABO, PR 00966

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

TORRES QUIÑONES & ASSOCIATES, PSC
#138 AVE. WINSTON CHURCHILL
SAN JUAN, PR 00926-6013

CORPORATE CENTER AT ROOSEVELT
PMB 120 400 KALAF
SAN JUAN, PR 00918

WEKANDO
BO. VALENZUELA #1890
SAN JUAN, PR 00926

CRIM
P O BOX 195387
SAN JUAN, PR 00919-5387

DEPARTMENT OF TREASURY OF PR
BANKRUPTCY SECTION (424-B)
P O BOX 9024140
SAN JUAN, PR 00902-4140

INTERNAL REVENUE SERVICES
CITY VIEW PLAZA II
BLD 48 CARR 165 SUITE #2000
SAN JUAN, PR 00968-8000

MUNICIPALITY OF SAN JUAN
PO BOX 70179
SAN JUAN, PR 00936-8179

RIVERA & FERNANDEZ LAW OFFICES
PO BOX 360764
SAN JUAN, PR 00936-0764

SESAC
52 MUSICE SQUARE EAST
NASHVILLE, TN 37203-4362