

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

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Servicentro Ciales, Inc.</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):	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) No./Complete EIN (if more than one, state all): <b>66-0047842</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>54 Jose De Diego Street Ciales, PR</b>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE <b>00638</b>	ZIPCODE
County of Residence or of the Principal Place of Business: <b>Ciales</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address) <b>P. O. Box 475 Ciales, PR</b>	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE <b>00638</b>	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):  
**Jose De Diego #54, Ciales, PR** ZIPCODE **00638**

<p align="center"><b>Type of Debtor</b> (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.) _____	<p align="center"><b>Nature of Business</b> (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 checked="" type="checkbox"/> Other _____	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (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
		<p align="center"><b>Nature of Debts</b> (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.
		<p align="center"><b>Tax-Exempt Entity</b> (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"><b>Filing Fee</b> (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"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p><b>Check if:</b></p> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). ----- <p><b>Check all applicable boxes:</b></p> <input type="checkbox"/> A plan is being filed with this petition <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).
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<p><b>Statistical/Administrative Information</b></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"/>												
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<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"/>												
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<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"/>												
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**Voluntary Petition**

Document

Page 2 of 8 Debtor(s):

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

**Servicentro Ciales, Inc.**

**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>None</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

**Exhibit A**

(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.)

Exhibit A is attached and made a part of this petition.

**Exhibit B**

(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 § 342(b) of the Bankruptcy Code.

X

Signature of Attorney for Debtor(s)

Date

**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 or lessor that obtained judgment)

\_\_\_\_\_  
(Address of landlord or lessor)

- 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**

Document Page 3 of 8

Servicentro Ciales, Inc.

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

**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.

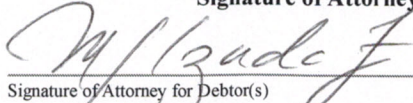
Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

X   
Signature of Attorney for Debtor(s)

**Maria Soledad Lozada Figueroa 222811**  
**María S. Lozada Figueroa**  
**PO BOX 9023888**  
**SAN JUAN, PR 00921-3888**  
**(787) 520-6002 Fax: (787) 520-6003**  
**msl@lozadalaw.com**

\_\_\_\_\_  
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); 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

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

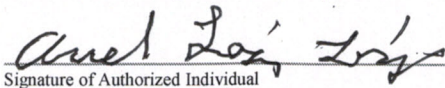
\_\_\_\_\_  
Date

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:

**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   
Signature of Authorized Individual

**Ariel Lopez Lopez**  
Printed Name of Authorized Individual

**President**  
Title of Authorized Individual

\_\_\_\_\_  
Date

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.*



**CERTIFIED COPY OF RESOLUTION OF  
SERVICENTRO CIALES, INC.**

**AUTHORIZING THE FILING OF  
PETITION FOR REORGANIZATION UNDER  
CHAPTER 11 OF THE BANKRUPTCY CODE**

I, the undersigned, as President of **SERVICENTRO CIALES, INC.**, a profit corporation duly and leally organized and existing and in good standing under and by virtue of the Laws of the Commonwealth of Puerto Rico, CERTIFY:

That, pursuant to an Action by Unanimous Written Consent of THE BOARD OF Director, date 11/30/13, in accordance with Section 4.01(E) of the General Corporation Law of Commonwealth of Puerto Rico, the following resolutions were unanimously adopted:

"WHEREAS, **SERVICENTRO CIALES, INC.**, due to the imminent execution of judgment by PR Asset Portfolio 2013-1 International, LLC inability to negotiate under reasonable terms various debts is unable to meet its obligations as they mature;

NOW therefore, be it RESOLVED that a Petition in Proceedings under Chapter 11 (Reorganization) of the Bankruptcy Code of the United States of America be filed by the Corporation and that **Mr. Ariel López Berrios**, Chairman of the Board of Directors, acting individually, be and hereby is authorized to execute on behalf of the Corporation and for it all the necessary documents for the filing of a Petition under Chapter 11 of the bankruptcy code;

FURTHER RESOLVED, that Mr. Ariel López Berrios be and hereby is authorized to pay unto the Clerk of the Court all necessary filing fees required by law by the Corporation or in its behalf; and

FURTHER RESOLVED, that Maria S. Lozada Figueroa, Lozada Law & Associates, Law Offices, be employed to act as counsel for the Corporation in such bankruptcy proceedings."

**IN TESTIMONY WHEREOF.** I have hereunder set my hand and affixed the Seal of the Corporation, in the City of San Juan, Puerto Rico, on this 30 day of November, 2013.-----



A handwritten signature in blue ink, appearing to be "Ariel Lopez Berrios", written over a horizontal line.

Name  
President



United States Bankruptcy Court  
District of Puerto Rico

IN RE:

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

Servicentro Ciales, Inc.

Chapter 11

Debtor(s)

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

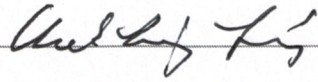
Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 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).

(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)
PR Asset Portfolio International, LLC Banco Popular Center, Suite 1022 209 Munoz Rivera Avenue San Juan, PR 00918-1009		Commercial Loan		1,761,265.74
PR Asset Portfolio International, LLC Banco Popular Center, Suite 1022 209 Munoz Rivrea Avenue San Juan, PR 00918-1009		Commercial Loan		1,472,065.98
PR Asset Portfolio International, LLC Banco Popular Center, Suite 1022 209 Munoz Rivera Avenue San Juan, PR 00918-1009		Commercial Loan		1,295,104.33
PR Asset Portfolio International, LLC Banco Popular Center, Suite 1022 209 Munoz Rivera Avenue San Juan, PR 00918-1009		Commercial Loan		299,111.00
PR Asset Portfolio Internationa, LLC Banco Popular Center, Suite 1022 209 Munoz Rivera Avenue San Juan, PR 00918-1009		Commercial Loan		292,979.35
PR Asset Portfolio International, LLC Banco Popular Center, Suite 1022 209 Munoz Rivera Avenue San Juan, PR 00918-1009		Commercial Loan		69,919.43
PR Asset Portfolio International, LLC Banco Popular Center, Suite 1022 209 Munoz Rivera Avenue San Juan, PR 00918-1009		Commercial Loan		31,071.31
PR Asset Portfolio International, LLC Banco Popular Center, Suite 1022 209 Munoz Rivera Avenue San Juan, PR 00918-1009		Commercial Loan		22,214.24
PR Asset Portfolio International, LLC Banco Popular Center, Suite 1022 209 Munoz Rivera Avenue San Juan, PR 00918-1009		Commercial Loan		16,833.00

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

Document Page 6 of 8

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: 12/17/2013 Signature: 

**Ariel Lopez Lopez, President**

(Print Name and Title)



IN RE:

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

Servicentro Ciales, Inc.

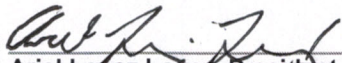
Chapter 11

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: 12/17/2013

Signature:   
Ariel Lopez Lopez, President Debtor

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

Signature: \_\_\_\_\_  
Joint Debtor, if any

Servicentro Ciales, Inc.  
P. O. Box 475  
Ciales, PR 00638

Jackeline Rodriguez Figueroa  
20-B Jose De Diego Street  
Ciales, PR 00638

Maria S. Lozada Figueroa  
00921-0000

Kress Stores Of Puerto Rico, Inc.  
PO Box 11910  
Caparra Heights Station  
San Juan, PR 00922-1910

Ariel Lopez Berrios  
P.O. Box 475  
Ciales, PR 00638

Leoncio Montes Rivera  
20 Jose De Diego Street  
Ciales, PR 00638

Ariel Lopez Lopez  
PO Box 475  
Ciales, PR 00638

PR Asset Portfolio Internationa, LLC  
Banco Popular Center, Suite 1022  
209 Munoz Rivera Avenue  
San Juan, PR 00918-1009

Carmen Concepcion Berrios Fernandez  
PO Box 475  
Ciales, PR 00638

PR Asset Portfolio International, LLC  
Banco Popular Center, Suite 1022  
209 Munoz Rivrea Avenue  
San Juan, PR 00918-1009

Damaris Martinez Viruet  
PO Box 475  
Ciales, PR 00638

PR Asset Portfolio International, LLC  
Banco Popular Center, Suite 1022  
209 Munoz Rivera Avenue  
San Juan, PR 00918-1009

Departamento De La Familia  
PO Box 11398  
San Juan, PR 00910-1398

Sergio Ramirez De Arellano, ESQ.  
Suite 1022 Banco Popular Center  
209 Munoz Rivera Avenue  
San JUAN, PR 00918-1009

Departamento De Salud  
Programa MEDICAID  
PO Box 70184  
San Juan, PR 00936-8184

Yazmin Rivera Figueroa  
54 Jose De Diego Street  
Ciales, PR 00638

FRANCISCO RIOS, ESQ.  
PO Box 70294  
San Juan, PR 00936-8294

Inmobiliaria Lopez Berrios, Inc.  
P.O. Box 475  
Ciales, PR 00638