

BI (Official Form 1) (12/11)

Case #: 13-

United States Bankruptcy Court DISTRICT OF PUERTO RICO		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): <b>HOSPEDERIA VILLA VERDE, INC., a Corporation</b>		Name of Joint Debtor (Spouse)(Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>NONE</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>66-0639844</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, and State): <b>URB. VILLA MAR 295 CALLE MARGINAL VILLA MAR Carolina, PR</b>		Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE <b>00979 6345</b>		ZIP CODE
County of Residence or of the Principal Place of Business:		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>FME 540 PO BOX 6017 Carolina, PR</b>		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE <b>00984</b>		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above): <b>SAME</b>		ZIP CODE
<b>Type of Debtor</b> (Form of organization) (Check one box.) <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)	<b>Nature of Business</b> (Check one box.) <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 <b>GUEST ROOMS</b>	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.) <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
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Debts</b> (Check one box) <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.
<b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter 11 Debtors:</b> <b>Check one box:</b> <input checked="" type="checkbox"/> Debtor is a small business 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).  <b>Check if:</b> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.
<b>Filing Fee</b> (Check one box) <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.		<b>Check all applicable boxes:</b> <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).
<b>Statistical/Administrative Information</b> <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
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

B1 (Official Form 1) (12/11)

FORM B1, Page 2

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>HOSPEDERIA VILLA VERDE, INC.,</b> a Corporation	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>SAN JUAN, PUERTO RICO</b>	Case Number: <b>13-00023-ESL13</b>	Date Filed: <b>01/04/2013</b>
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<p style="text-align: center;"><b>Exhibit A</b></p> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition</p>	<p style="text-align: center;"><b>Exhibit B</b></p> (To be completed if debtor is an individual whose debts are primarily consumer debts)                 I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). <p style="text-align: center;"><b>X</b></p> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b>		
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?		
<p><input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>		
<b>Exhibit D</b>		
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<p><input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made part of this petition.</p> If this is a joint petition:		
<p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)		
<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> 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 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.</p>		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)		
<p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p>		
_____ (Name of landlord that obtained judgment)		
_____ (Address of landlord)		
<p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Debtor has included with 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.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

B1 (Official Form 1) (12/11)

FORM B1, Page 3

<p><b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): <b>HOSPEDERIA VILLA VERDE, INC.,</b> a Corporation</p>
<b>Signatures</b>	
<p><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>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.</p> <p>[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)</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p><b>Signature of a Foreign Representative</b></p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed name of Foreign Representative)</p> <p>_____ (Date)</p>
<p>X _____ Signature of Attorney*</p> <p>_____ Signature of Attorney for Debtors)</p> <p><b>WILLIAM VIDAL CARVAJAL, ESQ. 124803</b> Printed Name of Attorney for Debtor(s)</p> <p><b>WILLIAM VIDAL CARVAJAL LAW OFFICES</b> Firm Name</p> <p><b>MCS PLAZA, SUITE 801</b> Address</p> <p><b>PONCE DE LEON AVENUE</b></p> <p><b>San Juan, PR 00918</b></p> <p><b>787-764-6867</b> Telephone Number</p> <p>_____ Date</p> <p><small>*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.</small></p>	<p><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>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 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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p>X _____</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</p> <p>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.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p>
<p><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>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.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p><b>HECTOR E. SANCHEZ RIVERA</b> Printed Name of Authorized Individual</p> <p><b>President</b> Title of Authorized Individual</p> <p><b>9.11.13</b> Date</p>	

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

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO**

In re *HOSPEDERIA VILLA VERDE, INC., a Corporation*

Case No. 13-  
Chapter 11

\_\_\_\_\_/ Debtor

**SUMMARY OF SCHEDULES**

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

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	No	0	\$ 0.00		
B-Personal Property	No	0	\$ 0.00		
C-Property Claimed as Exempt	No	0			
D-Creditors Holding Secured Claims	Yes	1		\$ 985,987.73	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 96,212.77	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	2		\$ 6,461.41	
G-Executory Contracts and Unexpired Leases	No	0			
H-Codebtors	No	0			
I-Current Income of individual Debtor(s)	No	0			\$ 0.00
J-Current Expenditures of Individual Debtor(s)	No	0			\$ 0.00
<b>TOTAL</b>		<b>6</b>	<b>\$ 0.00</b>	<b>\$ 1,088,661.91</b>	

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

In re HOSPEDERIA VILLA VERDE, INC.  
Debtor(s)

Case No. 13-  
(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>	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No:  Creditor # : 1 BANCO SANTANDER PUERTO RICO GPO BOX 362589 San Juan PR 00936-2589	X	06/30/2010  COMMERCIAL LOAN  SECURED BY GUEST HOUSE LOCATED AT ISLA VERDE, CAROLINA, PR 00979  Value: \$ 750,000.00				\$ 971,696.89	\$ 235,987.73
Account No:  Creditor # : 2 CRIM PO BOX 195387 San Juan PR 00919-5387		01/15/2013  REAL PROPERTY TAXES  ON GUEST HOUSE LOCATED AT ISLA VERDE, CAROLINA, PR 00979  Value: \$ 750,000.00				\$ 14,290.84	\$ 0.00
<b>Subtotal \$</b> <small>(Total of this page)</small>						\$ 985,987.73	\$ 235,987.73
<b>Total \$</b> <small>(Use only on last page)</small>						\$ 985,987.73	\$ 235,987.73

No continuation sheets attached

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

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

In re HOSPEDERIA VILLA VERDE, INC., a Corporation  
Debtor

Case No. 13-  
(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY ON BEHALF OF A CORPORATION**

I, HECTOR E. SANCHEZ RIVERA, President of the Corporation  
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 6 sheets,  
and that they are true and correct to the best of my knowledge, information, and belief.

Date: 9/11/13

Signature:   
Name: HECTOR E. SANCHEZ RIVERA  
Title: President

[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.

B6E (Official Form 6E) (04/10)

In re HOSPEDERIA VILLA VERDE, INC.

Debtor(s)

Case No. 13-

(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 "Total" 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**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**  
Claims of individuals up to \$2,800\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

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

Official Form 6E (04/10) - Cont.

In re HOSPEDERIA VILLA VERDE, INC.,  
Debtor(s)

Case No. 13-  
(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: Taxes and Certain Other Debts Owed to Governmental Units

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 0283 Creditor # : 1 COMPANIA DE TURISMO DE P.R. P.O. BOX 9024000 SAN JUAN PR 00902-4000		VARIOUS ROOM TAX FOR THE YEARS 2010, 2011, 2012 AND 2013				\$ 65,239.72	\$ 65,239.72	\$ 0.00
Account No: Creditor # : 2 CRIM PO BOX 195387 San Juan PR 00919-5387		VARIOUS PERSONAL PROPERTY TAXES FOR THE YEARS 2009, 2010, 2011 AND 2012				\$ 14,439.83	\$ 14,439.83	\$ 0.00
Account No: Creditor # : 3 DEPARTAMENTO DE HACIENDA DE PR BANKRUPTCY SECTION (424-B) P.O. BOX 9024140 San Juan PR 00902-4140		06/30/2013 PAYROLL TAX WITHHOLDINGS				\$ 58.16	\$ 58.16	\$ 0.00
Account No: Creditor # : 4 DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMANOS P.O. BOX 191020 San Juan PR 00919-1020		09/30/2011 PAYROLL TAXES (SUTA)				\$ 149.63	\$ 149.63	\$ 0.00
Account No: Creditor # : 5 INTERNAL REVENUE SERVICE POST OFFICE BOX 7346 Philadelphia PA 19101-7346		08/31/2013 PAYROLL TAXES FOR THE MONTH OF JULY AND AUGUST 2013				\$ 215.85	\$ 215.85	\$ 0.00
<b>Subtotal \$</b> (Total of this page)						<b>80,103.19</b>	<b>80,103.19</b>	<b>0.00</b>
<b>Total \$</b> (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)								
<b>Total \$</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and								

Sheet No. 1 of 2 continuation sheets  
attached to Schedule of Creditors Holding Priority Claims



Official Form 6E (04/10) - Cont.

In re HOSPEDERIA VILLA VERDE, INC.,  
Debtor(s)

Case No. 13-  
(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: Taxes and Certain Other Debts Owed to Governmental Units

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: <u>880A</u> Creditor # : <u>6</u> <u>US DEPARTMENT OF THE TREASURY</u> <u>PO BOX 2040</u> <u>Waterloo IA 50704 2040</u>		<u>11/27/2012</u> <u>WAGES AND SALARIES</u>				<u>\$ 16,109.58</u>	<u>\$ 16,109.58</u>	<u>\$ 0.00</u>
Account No:								
Account No:								
Account No:								
Account No:								
Account No:								
<b>Subtotal \$</b> (Total of this page)						<u>16,109.58</u>	<u>16,109.58</u>	<u>0.00</u>
<b>Total \$</b> (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)						<u>96,212.77</u>		
<b>Total \$</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and							<u>96,212.77</u>	<u>0.00</u>

Sheet No. 2 of 2 continuation sheets  
attached to Schedule of Creditors Holding Priority Claims

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

In re HOSPEDERIA VILLA VERDE, INC.  
Debtor(s)

Case No. 13-  
(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 total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: Creditor # : 1 A & A WASTE MANAGEMENT INC PO BOX 1253 CEIBA PR 00735		08/31/2013 WASTE DISPOSAL SERVICES				\$ 120.29
Account No: Creditor # : 2 AUTORIDAD DE ACUEDUCTOS Y ALCANTARILLADOS PO BOX 7066 San Juan PR 00916 7066		08/31/2013 UTILITY - WATER				\$ 2,800.00
Account No: 0230 Creditor # : 3 CARIBBEAN HOTEL SUPPLIES, INC. P.O. BOX 3687 MAYAGUEZ PR 00681		08/13/2013 HOTEL SUPPLIES				\$ 224.43
<b>Subtotal \$</b>						<b>\$ 3,144.72</b>
<b>Total \$</b>						

1 continuation sheets attached

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

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

In re HOSPEDERIA VILLA VERDE, INC.

Case No. 13-

Debtor(s)

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: Creditor # : 4 DEPARTAMENTO DE HACIENDA DE PR BANKRUPTCY SECTION (424-B) P.O. BOX 9024140 San Juan PR 00902-4140		08/31/2011 SALE AND USE TAX (PENALTIES)			X	\$ 1,000.00
Account No: 8051 Creditor # : 5 ONELINK COMMUNICATIONS PO BOX 71496 San Juan PR 00936 8596		08/20/2013 INTERNET AND CABLE TV SERVICES				\$ 736.24
Account No: 2000 Creditor # : 6 PR ELECTRIC POWER AUTHORITY BANKRUPTCY OFFICE PO BOX 364267 San Juan PR 00936-4267		08/26/2013 ELECTRIC POWER SERVICES				\$ 1,506.19
Account No: 2816 Creditor # : 7 PRIMUS TELECOMMUNICATIONS, INC. PO BOX 660922 Dallas TX 75266 0922		08/10/2013 VOICE AND DATA NETWORK				\$ 74.26
Account No:						

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

Subtotal \$	\$ 3,316.69
Total \$	\$ 6,461.41

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

B4 (Official Form 4) (12/07)

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO**

In re **HOSPEDERIA VILLA VERDE, INC.**  
a Corporation

Case No. 13-  
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).

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
1 BANCO SANTANDER PUERTO RICO GPO BOX 362589 San Juan PR 00936-2589	Phone: 787-625-6539 BANCO SANTANDER PUERTO RICO GPO BOX 362589 San Juan PR 00936-2589	COMMERCIAL LOAN	*Value: Net Unsecured: *Prior Liens Exist	\$ 971,696.89 \$ 750,000.00 \$ 235,987.73
2 COMPANIA DE TURISMO DE P.R. P.O. BOX 9024000 SAN JUAN PR 00902-4000	Phone: 787-721-2400 COMPANIA DE TURISMO DE P.R. P.O. BOX 9024000 SAN JUAN PR 00902-4000	ROOM TAX		\$ 65,239.72
3 US DEPARTMENT OF THE TREASURY PO BOX 2040 Waterloo IA 50704 2040	Phone: 866-895-4766 US DEPARTMENT OF THE TREASURY PO BOX 2040 Waterloo IA 50704 2040	WAGES AND SALARIES		\$ 16,109.58
4 CRIM PO BOX 195387 San Juan PR 00919-5387	Phone: 787-625-2746 CRIM PO BOX 195387 San Juan PR 00919-5387	PERSONAL PROPERTY TAXES		\$ 14,439.83
5 AUTORIDAD DE ACUEDUCTOS Y ALCANTARILLADOS PO BOX 7066 San Juan PR 00916 7066	Phone: 787-620-2277 AUTORIDAD DE ACUEDUCTOS Y ALCANTARILLADOS PO BOX 7066 San Juan PR 00916 7066	UTILITY - WATER		\$ 2,800.00

B4 (Official Form 4) (12/07)

Debtor(s)

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

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
6 PR ELECTRIC POWER AUTHORITY  PO BOX 364267 San Juan PR 00936-4267	Phone: 787-289-4489 PR ELECTRIC POWER AUTHORITY BANKRUPTCY OFFICE PO BOX 364267 San Juan PR 00936-4267	ELECTRIC POWER SERVICES		\$ 1,506.19
7 DEPARTAMENTO DE HACIENDA DE PR  P.O. BOX 9024140 San Juan PR 00902-4140	Phone: 787-721-4315 DEPARTAMENTO DE HACIENDA DE PR BANKRUPTCY SECTION (424-B) San Juan PR 00902-4140	SALE AND USE TAX (PENALTIES)	D	\$ 1,000.00
8 ONELINK COMMUNICATIONS PO BOX 71496 San Juan PR 00936 8596	Phone: 787-250-7780 ONELINK COMMUNICATIONS PO BOX 71496 San Juan PR 00936 8596	INTERNET AND CABLE TV SERVICES		\$ 736.24
9 CARIBBEAN HOTEL SUPPLIES, INC.  MAYAGUEZ PR 00681	Phone: 787-831-4192 CARIBBEAN HOTEL SUPPLIES, INC. P.O. BOX 3687 Mayaguez PR 00681	HOTEL SUPPLIES		\$ 224.43
10 INTERNAL REVENUE SERVICE POST OFFICE BOX 7346 Philadelphia PA 19101-7346	Phone: 1-800-913-9358 INTERNAL REVENUE SERVICE POST OFFICE BOX 7346 Philadelphia PA 19101-7346	PAYROLL TAXES		\$ 215.85
11 DEPARTAMENTO DEL TRABAJO Y  P.O. BOX 191020 San Juan PR 00919-1020	Phone: 787-754-5818 DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMANOS P.O. BOX 191020 San Juan PR 00919-1020	PAYROLL TAXES		\$ 149.63
12 A & A WASTE MANAGEMENT INC PO BOX 1253 CEIBA PR 00735	Phone: 787-885-1990 A & A WASTE MANAGEMENT, INC. PO BOX 1253 Ceiba PR 00735	WASTE DISPOSAL SERVICES		\$ 120.29

B4 (Official Form 4) (12/07)

Debtor(s)

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

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate If Claim Is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
13 PRIMUS TELECOMMUNICATIONS, INC. PO BOX 660922 Dallas TX 75266 0922	Phone: 787-793-5535 PRIMUS TELECOMMUNICATIONS, INC. PO BOX 660922 Dallas TX 75266 0922	VOICE AND DATA NETWORK		\$ 74.26

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

I, HECTOR E. SANCHEZ RIVERA, President of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that they are true and correct to the best of my knowledge, information and belief.

Date: 9/11/13

Signature   
 Name: HECTOR E. SANCHEZ RIVERA  
 Title: President

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO**

In re *HOSPEDERIA VILLA VERDE, INC.*,  
a Corporation

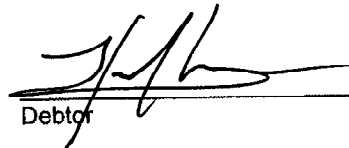
Case No. 13-  
Chapter 11

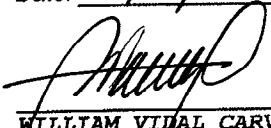
\_\_\_\_\_/ Debtor  
Attorney for Debtor: *WILLIAM VIDAL CARVAJAL, ESQ.*

**COVER SHEET FOR LIST OF CREDITORS**

I hereby certify under penalty of perjury that the attached list of creditors, which consists of 2 pages,  
is true, correct and complete to the best of my knowledge.

Date: 9/11/13

  
\_\_\_\_\_  
Debtor

  
\_\_\_\_\_  
*WILLIAM VIDAL CARVAJAL, ESQ.*  
Attorney for the debtor(s)  
MCS PLAZA, SUITE 801  
PONCE DE LEON AVENUE  
San Juan, PR 00918

HOSPEDERIA VILLA VERDE, INC.  
PMB 540  
PO BOX 6017  
Carolina, PR 00984

WILLIAM VIDAL CARVAJAL, ESQ.  
MCS PLAZA, SUITE 801  
PONCE DE LEON AVENUE  
San Juan, PR 00918

A & A WASTE MANAGEMENT INC  
PO BOX 1253  
CEIBA, PR 00735

AUTORIDAD DE ACUEDUCTOS Y ALCANTARILLADO  
PO BOX 7066  
San Juan, PR 00916 7066

BANCO SANTANDER PUERTO RICO  
GPO BOX 362589  
San Juan, PR 00936-2589

CARIBBEAN HOTEL SUPPLIES, INC.  
P.O. BOX 3687

MAYAGUEZ , PR 00681

COMPANIA DE TURISMO DE P.R.  
P.O. BOX 9024000  
SAN JUAN, PR 00902-4000

CRIM  
PO BOX 195387  
San Juan, PR 00919-5387

DELMARIE FE RIVERA FERNANDEZ  
PMB 540  
PO BOX 6017  
Carolina, PR 00984

DEPARTAMENTO DE HACIENDA DE PR  
BANKRUPTCY SECTION (424-B)  
P.O. BOX 9024140  
San Juan, PR 00902-4140



DEPARTAMENTO DEL TRABAJO Y  
RECURSOS HUMANOS  
P.O. BOX 191020  
San Juan, PR 00919-1020

INTERNAL REVENUE SERVICE  
POST OFFICE BOX 7346  
Philadelphia, PA 19101-7346

ONELINK COMMUNICATIONS  
PO BOX 71496  
San Juan, PR 00936 8596

PR ELECTRIC POWER AUTHORITY  
BANKRUPTCY OFFICE  
PO BOX 364267  
San Juan, PR 00936-4267

PRIMUS TELECOMMUNICATIONS, INC.  
PO BOX 660922  
Dallas, TX 75266 0922

US DEPARTMENT OF THE TREASURY  
PO BOX 2040  
Waterloo, IA 50704 2040

CERTIFIED COPY OF RESOLUTION OF THE BOARD  
OF DIRECTORS AUTHORIZING THE FILING OF  
PETITION FOR REORGANIZATION UNDER CHAPTER 11  
OF THE BANKRUPTCY CODE

RESOLVED: Whereas Hospedería Villa Verde, Inc. (the "Corporation") is unable to meet its obligations as they mature; and

Whereas, creditors have undertaken are threatening suit and have threatened to undertake steps to obtain possession of the Corporation's assets against the Corporation; Now therefore,

Be it resolved that a Petition in Proceedings under Chapter 11 of the Bankruptcy Code be filed by the Corporation and that Mr. Héctor Eugenio Sánchez Rivera, President, 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; and be it further resolved;

That Mr. Héctor Eugenio Sánchez Rivera, the President, 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 be it further resolved;

That William M. Vidal Carvajal, P.S.C., Law Office be employed to act as counsel for the Corporation in such bankruptcy proceedings.

The undersigned hereby certifies that he is the Secretary of the Corporation, and that the above is a true and correct copy of a resolution adopted by the Board of Directors of Corporation at a duly constituted meeting held on the 10<sup>th</sup> day of September, 2013, in accordance with its corporate regulations; that quorum was present at said meeting; that said resolution has not been revoked, modified, annulled or amended in any manner whatsoever.


In witness hereof, I have hereunto set my hand and affixed the seal of said corporation this 10<sup>th</sup> day of September, 2013.



  
Iván Enrique Figueroa Martínez  
Secretary

I, Iván Enrique Figueroa Martínez, Secretary of Hospedería Villa Verde, Inc., of legal age, married, and resident of Trujillo Alto, Puerto Rico, do hereby certify under penalty of perjury, that the statements contained in the foregoing document are true according to the best of my knowledge, information and belief.

San Juan, Puerto Rico, this 10<sup>th</sup> day of September, 2013.

  
Iván Enrique Figueroa Martínez  
Secretary