

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name FARMACIA SABANA HOYOS INC.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0664602

4. Debtor's address Principal place of business: CARR. #639 KM 4.8 BO. SABANA HOYOS Arecibo, PR 00612 Mailing address, if different from principal place of business: PO BOX 142706 Arecibo, PR 00612 Location of principal assets, if different from principal place of business: Arecibo County

5. Debtor's website (URL)

6. Type of debtor [X] Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) [ ] Partnership [ ] Other. Specify:

Debtor FARMACIA SABANA HOYOS INC.  
Name

Case number (if known) \_\_\_\_\_

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- 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 after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor **FARMACIA SABANA HOYOS INC.**  
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, 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.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- |                                          |                                        |                                            |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |                                        |                                            |

15. Estimated Assets

- |                                                           |                                                        |                                                          |
|-----------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities

- |                                                             |                                                        |                                                          |
|-------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor FARMACIA SABANA HOYOS INC.  
Name

Case number (if known) \_\_\_\_\_

**Request for Relief, Declaration, and Signature**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  
I have been authorized to file this petition on behalf of the debtor.  
I have examined the information in this petition and have a reasonable belief that the information is true and correct.  
I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 8, 2016  
MM / DD / YYYY

**X** /s/ JOSE A. FLORES ACEVEDO  
Signature of authorized representative of debtor  
Title PRESIDENT

JOSE A. FLORES ACEVEDO  
Printed name

**18. Signature of attorney**

**X** /s/ NOEMI LANDRAU RIVERA, ESQ  
Signature of attorney for debtor

Date February 8, 2016  
MM / DD / YYYY

NOEMI LANDRAU RIVERA, ESQ  
Printed name

LANDRAU RIVERA & ASSOCIATES  
Firm name

PO BOX 270219  
San Juan, PR 00927  
Number, Street, City, State & ZIP Code

Contact phone 787-774-0224 Email address nlandrau@landraulaw.com

215510  
Bar number and State

## CORPORATE RESOLUTION

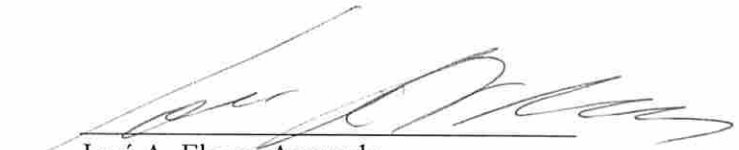
WE HEREBY CERTIFY that on a meeting of the Board of Directors of the corporation Farmacia Sabana Hoyos Inc., which was called for and notified in accordance with the Corporate By Laws, and for which duly quorum existed, having taking place said meeting on February 2, 2016, it was agreed and unanimously voted to approve the following Corporate Resolution:

It is resolved that:

1. The corporation Farmacia Sabana Hoyos Inc., may file a Chapter 11 petition for bankruptcy. The president of the corporation, José A. Flores Acevedo is authorized to sign any petition, form or necessary document in connection to the Chapter 11 petition for relief to be filed before the US Bankruptcy Court for the District of Puerto Rico.
2. That the corporation Farmacia Sabana Hoyos Inc., be authorized to retain the services of Landrau Rivera & Associates to act as counsel for the corporation.

IN WITNESS THEREOF, I place the seal of the Corporation to this resolution this 2 day of February, 2016.



  
José A. Flores Acevedo  
President

**Fill in this information to identify the case:**

Debtor name **FARMACIA SABANA HOYOS INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AXISCARE HEALTH LOGISTCS, INC PO BOX 1366 Dorado, PR 00646-1366			Contingent Unliquidated Disputed			\$91,000.00
BANCO POPULAR DE PUERTO RICO PO BOX 362708 SAN JUAN, PR 00936-2708				\$92,958.55	\$0.00	\$92,958.55
CARLOS A. CORREA GONZALEZ PO BOX 1407 Arecibo, PR 00613-1407				\$130,000.00	\$0.00	\$130,000.00
CESAR CASTILLO DROGUERIA PO BOX 191149 San Juan, PR 00919-1149						\$19,864.29
CORP. DEL FONDO SEGURO DEL ESTADO PO BOX 365028 San Juan, PR 00936-5208						\$12,000.00
CORP. DEL FONDO SEGURO DEL ESTADO PO BOX 365028 San Juan, PR 00936-5208				\$1,000.00	\$0.00	\$1,000.00
CRIM PO BOX 195387 SAN JUAN, PR 00919-5387						\$10,000.00

Debtor **FARMACIA SABANA HOYOS INC.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
DEPARTAMENTO DE HACIENDA DIVISION DE QUIEBRAS PO BOX 9022501 SAN JUAN, PR 00901-2501						\$25,000.00
DEPARTAMENTO DE HACIENDA DIVISION DE QUIEBRAS PO BOX 9022501 SAN JUAN, PR 00901-2501						\$67,000.00
DEPARTAMENTO DEL TRABAJO & RECURSOS HUMANOS PO BOX 195540 HATO REY, PR 00918-5540						\$1,000.00
DROGUERIA BETANCES PO BOX 368 CAGUAS, PR 00726-0368						\$6,000.00
INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346						\$152,723.66
JOSE A. FLORES / IRIS SANTIAGO SANTIAGO PO BOX 142706 Arecibo, PR 00614						\$125,000.00
MUNICIPIO DE ARECIBO PO BOX 1086 Arecibo, PR 00612						\$15,000.00
POPULAR AUTO PO BOX 362708 SAN JUAN, PR 00936						\$32,205.00
SCOTIABANK PO BOX 362230 SAN JUAN, PR 00936-2230				\$128,000.00	\$0.00	\$128,000.00

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re FARMACIA SABANA HOYOS INC.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 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:

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept; Prior to the filing of this statement I have received; Balance Due.

2. The source of the compensation paid to me was:

Other (specify): LEGAL SERVICES SHALL BE RENDERED AT A RATE OF \$175 PER HOUR. TERMS OF EMPLOYMENT ARE SET FORTH IN APPLICATION FOR EMPLOYMENT TO BE FILED BEFORE THIS COURT WITH THE FILING OF THE PETITION FOR RELIEF. PRIOR TO FILING COUNSEL RECEIVED A RETAINER OF \$6,000 FROM THIRD PARTY.

3. The source of compensation to be paid to me is:

Debtor

4. 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. [Other provisions as needed]

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

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.

February 8, 2016

Date

/s/ NOEMI LANDRAU RIVERA, ESQ

NOEMI LANDRAU RIVERA, ESQ 215510

Signature of Attorney

LANDRAU RIVERA & ASSOCIATES

PO BOX 270219

San Juan, PR 00927

787-774-0224 Fax: 787-793-1004

nlandrau@landraulaw.com

Name of law firm



United States Bankruptcy Court  
District of Puerto Rico

In re FARMACIA SABANA HOYOS INC.

Debtor(s)

Case No.  
Chapter

11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
------------------------------------------------------------	----------------	----------------------	------------------

-NONE-

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

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date February 8, 2016

Signature /s/ JOSE A. FLORES ACEVEDO  
JOSE A. FLORES ACEVEDO

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

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

In re FARMACIA SABANA HOYOS INC.

Debtor(s)

Case No.  
Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: February 8, 2016

/s/ JOSE A. FLORES ACEVEDO

JOSE A. FLORES ACEVEDO/PRESIDENT

Signer/Title

FARMACIA SABANA HOYOS INC.  
PO BOX 142706  
ARECIBO, PR 00612

DEPARTAMENTO DE HACIENDA  
DIVISION DE QUIEBRAS  
PO BOX 9022501  
SAN JUAN, PR 00901-2501

SCOTIABANK  
PO BOX 362230  
SAN JUAN, PR 00936-2230

NOEMI LANDRAU RIVERA, ESQ  
LANDRAU RIVERA & ASSOCIATES  
PO BOX 270219  
SAN JUAN, PR 00927

DEPARTAMENTO DE HACIENDA  
DIVISION DE QUIEBRAS  
PO BOX 9022501  
SAN JUAN, PR 00901-2501

AXISCARE HEALTH LOGISTCS, INC  
PO BOX 1366  
DORADO, PR 00646-1366

DEPARTAMENTO DEL TRABAJO &  
RECURSOS HUMANOS  
PO BOX 195540  
HATO REY, PR 00918-5540

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

DROGUERIA BETANCES  
PO BOX 368  
CAGUAS, PR 00726-0368

CARLOS A. CORREA GONZALEZ  
PO BOX 1407  
ARECIBO, PR 00613-1407

INTERNAL REVENUE SERVICE  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

CESAR CASTILLO DROGUERIA  
PO BOX 191149  
SAN JUAN, PR 00919-1149

JOSE A. FLORES / IRIS SANTIAGO SANTIAGO  
PO BOX 142706  
ARECIBO, PR 00614

CORP. DEL FONDO SEGURO DEL ESTADO. JOSE E. GARCIA SOTO  
PO BOX 365028  
SAN JUAN, PR 00936-5208

PO BOX 191611  
SAN JUAN, PR 00919-1611

CORP. DEL FONDO SEGURO DEL ESTADO. MUNICIPIO DE ARECIBO  
PO BOX 365028  
SAN JUAN, PR 00936-5208

PO BOX 1086  
ARECIBO, PR 00612

CRIM  
PO BOX 195387  
SAN JUAN, PR 00919-5387

POPULAR AUTO  
PO BOX 362708  
SAN JUAN, PR 00936

United States Bankruptcy Court  
District of Puerto Rico

In re FARMACIA SABANA HOYOS INC.

Debtor(s)

Case No.

Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for FARMACIA SABANA HOYOS INC. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

February 8, 2016

Date

/s/ NOEMI LANDRAU RIVERA, ESQ

NOEMI LANDRAU RIVERA, ESQ 215510

Signature of Attorney or Litigant

Counsel for FARMACIA SABANA HOYOS INC.

LANDRAU RIVERA & ASSOCIATES

PO BOX 270219

San Juan, PR 00927

787-774-0224 Fax:787-793-1004

nlandrau@landraulaw.com