

Fill in this information to identify the case:

United States Bankruptcy Court for the _____ District of Puerto Rico
(State)

Case number (if known) _____ Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

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 the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Esteban Dist 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) 00-0572267

4. Debtor's address

<p>Principal place of business</p> <p><u>7119 Calle Rufino Martinez</u> <small>Number Street</small></p> <p><u>Urb. Levittown Lakes</u> <small>City</small></p> <p><u>Toa Baja PR 00949-3052</u> <small>State ZIP Code</small></p> <p><u>USA</u> <small>County</small></p>	<p>Mailing address, if different from principal place of business</p> <p>_____ <small>Number Street</small></p> <p>_____ <small>P.O. Box</small></p> <p>_____ <small>City State ZIP Code</small></p> <p>Location of principal assets, if different from principal place of business</p> <p>_____ <small>Number Street</small></p> <p>_____ <small>City State ZIP Code</small></p>
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5. Debtor's website (URL) _____

6. Type of debtor
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor Esteban Dist Inc

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(53A))
- 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. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

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 \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 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 operations, 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. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

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

No

Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY

Case number, if known _____

Debtor Esteban Dist Inc 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 It will be seized by the Treasury Department of PR for an ILM debt

Where is the property? Julia Calle Rufino Martinez
 Number Street
Urb Levitown Lakes
Toa Baja PR 00949
 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 for distribution to unsecured creditors.

14. Estimated number of creditors
 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
 More than 100,000

15. Estimated assets
 \$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million
 \$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million
 \$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

Debtor Esteban Dist. Corp. Case number (if known) _____

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 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 |

Request for Relief, Declaration, and Signatures

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 5/11/2016

[Signature] José Esteban Colón
 Signature of authorized representative of debtor Printed name
 Title President

18. Signature of attorney [Signature] Date 5/11/16
 Signature of attorney for debtor MM / DD / YYYY

Maria Soledad Lozada
 Printed name
Lozada Law & Associates, LLC
 Firm name
PO Box 9023888
 Number Street
San Juan PR 00902-3888
 City State ZIP Code
787-200-0673 / 787-533-1400 msl@lozadala.com
 Contact phone Email address
222811 PR
 Bar number State

**CERTIFIED COPY OF RESOLUTION OF
ESTEBAN DISTRIBUTORS INC AUTHORIZING
THE FILLING OF PETITION FOR REORGANIZATION
UNDER CHAPTER 11 OF THE BANKRUPTCY CODE**

I, the undersigned, as Secretary and Treasurer of Mr. Jose Esteban Colon, a profit corporation duly and legally 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 shareholders Esteban Distributors, Inc, in accordance with Section 4.01(E) of the General Corporation Law of Commonwealth of Puerto Rico, the following resolutions was unanimously adopted:

"WHEREAS, Esteban Distributors, Inc, due to the economic situation prevailing in Puerto Rico, increased operational costs, inability to negotiate under reasonable terms various debts, certain labor disputes and other claims, is unable to meet its obligations as the 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. Jose Esteban Colon, Chairman of the Board of shareholders and President, acting individually, be and hereby is authorized to execute on behalf of the Corporation and for it all the necessary document for the filing of a Petition under Chapter 11 of the Bankruptcy code;

FURTHER RESOLVED, that Mr. Jose Esteban Colon 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 Soledad Lozada, Lozada and Law & Associates, LLC, 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 Toa Baja, Puerto Rico, on this 11 day of May, 2015.



President

Fill in this information to identify your case:

Debtor 1 Esleban Dist Inc
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of Puerto Rico

Case number
(if known) _____

Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. 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.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim
1	<p><u>Treasury Department of PR</u> <small>Creditor's Name</small></p> <p><u>Secretario de Hacienda</u> <small>Number Street</small></p> <p><u>PO Box 9024140</u> <small>City State ZIP Code</small></p> <p><u>San Juan PR 00902-4140</u> <small>City State ZIP Code</small></p> <p>Contact: _____</p> <p>Contact phone: _____</p>	<p>What is the nature of the claim? <u>FVM debt</u> \$ <u>417,399.87</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <u>it will be seized</u> <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>
2	<p>Creditor's Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact: _____</p> <p>Contact phone: _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>

Debtor 1

Esleban Prost Inc
First Name Middle Name Last Name

Case number (if known)

Unsecured claim

3 What is the nature of the claim? _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

4 What is the nature of the claim? _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

5 What is the nature of the claim? _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

6 What is the nature of the claim? _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

7 What is the nature of the claim? _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

Debtor 1

Esteban Dist Inc
First Name Middle Name Last Name

Case number (if known)

Unsecured claim

8

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

9

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

10

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

11

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

12

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

Debtor 1

Esteban Dist Inc
First Name Middle Name Last Name

Case number (if any)

Unsecured claim

13

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

14

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

15

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

16

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

17

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact _____

Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

Debtor 1

Esleban Dist Inc
First Name Middle Name Last Name

Case number (if known)

Unsecured claim

18

What is the nature of the claim? _____ \$ _____

Creditor's Name _____

As of the date you file, the claim is: Check all that apply.

Number Street _____

- Contingent
- Unliquidated
- Disputed
- None of the above apply

City State ZIP Code _____

Does the creditor have a lien on your property?

Contact _____

- No
- Yes. Total claim (secured and unsecured): \$ _____
- Value of security: - \$ _____
- Unsecured claim \$ _____

Contact phone _____

19

What is the nature of the claim? _____ \$ _____

Creditor's Name _____

As of the date you file, the claim is: Check all that apply.

Number Street _____

- Contingent
- Unliquidated
- Disputed
- None of the above apply

City State ZIP Code _____

Does the creditor have a lien on your property?

Contact _____

- No
- Yes. Total claim (secured and unsecured): \$ _____
- Value of security: - \$ _____
- Unsecured claim \$ _____

Contact phone _____

20

What is the nature of the claim? _____ \$ _____

Creditor's Name _____

As of the date you file, the claim is: Check all that apply.

Number Street _____

- Contingent
- Unliquidated
- Disputed
- None of the above apply

City State ZIP Code _____

Does the creditor have a lien on your property?

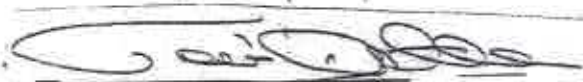
Contact _____

- No
- Yes. Total claim (secured and unsecured): \$ _____
- Value of security: - \$ _____
- Unsecured claim \$ _____

Contact phone _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.



Signature of Debtor 1

Signature of Debtor 2

Date 5/11/2016
MM / DD / YYYY

Date _____
MM / DD / YYYY

creditor

ESTEBAN DIST INC

Maria S Lozada Figueroa
PO BOX9023888
SAN JUAN, PR 00921-3888

Treasury Department Of Puerto Rico
PO BOX 9024140
SAN JUAN, PR 00902-4140