

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name FARMACIA SAN JUSTO 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) 66-0360854

4. Debtor's address Principal place of business Mailing address, if different from principal place of business ROAD 848 INT SEC 181 CENTRO COMERCIAL CUATRO PLAZAS Saint Just, PR 00978 PO BOX 1347 Saint Just, PR 00978 Trujillo Alto County Location of principal assets, if different from principal place of business

5. Debtor's website (URL)

6. Type of debtor Corporation Partnership Other. Specify:

Debtor **FARMACIA SAN JUSTO 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(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 **OPERATION OF A PHARMACY**
- 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.
- 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 | _____ |
| District | _____ | When | _____ |
| | | Case number, if known | _____ |

Debtor FARMACIA SAN JUSTO INC Case number (if known) _____
Name

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 type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" 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 checked="" 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 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 checked="" 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 type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor FARMACIA SAN JUSTO INC Case number (if known) _____
Name

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 7/14/16
MM / DD / YYYY

X 
Signature of authorized representative of debtor
Title PRESIDENT

HECTOR O RODRIGUEZ
Printed name

18. Signature of attorney X 
Signature of attorney for debtor

Date 7/14/16
MM / DD / YYYY

CHARLES A. CUPRILL-HERNANDEZ
Printed name

CHARLES A CUPRILL PCS LAW OFFICES
Firm name

356 FORTALEZA STREET
SECOND FLOOR
San Juan, PR 00901
Number, Street, City, State & ZIP Code

Contact phone 787-977-0515 Email address ccuprill@cuprill.com

USDC-PR114312
Bar number and State

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re FARMACIA SAN JUSTO 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 3 rows: For legal services, I have agreed to accept; Prior to the filing of this statement I have received; Balance Due. Columns include dollar sign and numerical values: 10,000.00, 10,000.00, 0.00.

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

Debtor Other (specify):

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

Debtor Other (specify):

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]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

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.

7/14/2016

Date

Handwritten signature of Charles A. Cuprill-Hernandez

CHARLES A. CUPRILL-HERNANDEZ USDC-PR114312

Signature of Attorney

CHARLES A CUPRILL PCS LAW OFFICES

356 FORTALEZA STREET

SECOND FLOOR

San Juan, PR 00901

787-977-0515 Fax: 787-977-0518

ccuprill@cuprill.com

Name of law firm

Fill in this information to identify the case:

Debtor name **FARMACIA SAN JUSTO INC**

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

Case number (if known) _____

Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:		
Copy line 88 from <i>Schedule A/B</i>	\$	<u>0.00</u>
1b. Total personal property:		
Copy line 91A from <i>Schedule A/B</i>	\$	<u>0.00</u>
1c. Total of all property:		
Copy line 92 from <i>Schedule A/B</i>	\$	<u>0.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)		
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	<u>180,511.89</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$	<u>162,331.64</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$	<u>959,903.77</u>
4. Total liabilities		
Lines 2 + 3a + 3b	\$	<u>1,302,747.30</u>

Fill in this information to identify the case:

Debtor name FARMACIA SAN JUSTO INC
 United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO
 Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
\$180,511.89	\$180,511.89

2.1 ORIENTAL BANK

Creditor's Name

Describe debtor's property that is subject to a lien
SECURED BY REAL ESTATE PROPERTY

PO BOX 195115
San Juan, PR 00919-5115

Creditor's mailing address

Describe the lien

BANK LOAN

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

BALANCE AS OF
07/13/2016

Last 4 digits of account number

0003

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
 Check all that apply

- Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$180,511.89

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name FARMACIA SAN JUSTO INC
 United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO
 Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address CRIM BANKRUPTCY DEPT PO BOX 195387 San Juan, PR 00919-5387	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$49,411.20</u>	<u>\$49,411.20</u>
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address DEPARTMENT OF TREASURY BANKRUPTCY SECTION PO BOX 9024140 OFFICE 424 B San Juan, PR 00902-4140	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$27,974.86</u>	<u>\$27,974.86</u>
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: SALES AND USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **FARMACIA SAN JUSTO INC** Case number (if known)

2.3 Priority creditor's name and mailing address
INTERNAL REVENUE SERVICE
PO BOX 7346
Philadelphia, PA 19101-7346

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$49,107.17 **\$49,107.17**

Date or dates debt was incurred

Basis for the claim:
PAYROLL TAXES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No
 Yes

2.4 Priority creditor's name and mailing address
MUNICIPALITY OF TRUJILLO ALTO
PO BOX 1869
Trujillo Alto, PR 00977

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$8,407.20 **\$8,407.20**

Date or dates debt was incurred

Basis for the claim:
MUNICIPAL TAXES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No
 Yes

2.5 Priority creditor's name and mailing address
MUNICIPALITY OF TRUJILLO ALTO
PO BOX 1869
Trujillo Alto, PR 00977

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$1,439.21 **\$1,439.21**

Date or dates debt was incurred

Basis for the claim:
SALES AND USE TAX (MUNICIPAL)

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No
 Yes

2.6 Priority creditor's name and mailing address
STATE INSURANCE FUND CORPORATION
PO BOX 365028
San Juan, PR 00936-5028

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$25,992.00 **\$25,992.00**

Date or dates debt was incurred

Basis for the claim:
WORKMEN COMPENSATION

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No
 Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor <u>FARMACIA SAN JUSTO INC</u>		Case number (if known) _____	
Name			
3.1	Nonpriority creditor's name and mailing address AERONET WIRELESS CONNECTION PO BOX270013 San Juan, PR 00927 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INTERNET PROVIDER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$622.75</u>
3.2	Nonpriority creditor's name and mailing address AMERICAN COLORS PO BOX 367683 San Juan, PR 00936-7683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$542.89</u>
3.3	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number <u>1004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARDS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,818.01</u>
3.4	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number <u>3003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARDS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,374.93</u>
3.5	Nonpriority creditor's name and mailing address ANDA PUERTO RICO 2915 WESTON ROAD WESTON Fort Lauderdale, FL 33331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEDICINE INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,770.44</u>
3.6	Nonpriority creditor's name and mailing address ARA SECURITY INTEGRATORS PO BOX 29742 San Juan, PR 00929-0742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SECURITY SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50.17</u>
3.7	Nonpriority creditor's name and mailing address AUTORIDAD DE ACUEDUCTOS Y ALCANTARILLADO PO BOX 70101 San Juan, PR 00936-8101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - WATER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$396.24</u>

Debtor **FARMACIA SAN JUSTO INC**
Name

Case number (if known)

3.8	Nonpriority creditor's name and mailing address AXIS CARE PO BOX 1366 Dorado, PR 00646-1366 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,991.09
3.9	Nonpriority creditor's name and mailing address B FERNANDEZ PO BOX 363629 San Juan, PR 00936-3629 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,027.20
3.10	Nonpriority creditor's name and mailing address BALLESTER HERMANOS INC PO BOX 364548 San Juan, PR 00936-4548 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,199.64
3.11	Nonpriority creditor's name and mailing address BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT GPO BOX 366818 San Juan, PR 00936 Date(s) debt was incurred <u>BALANCE AS OF 07/13/2016</u> Last 4 digits of account number <u>7806</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BANK LOAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,816.23
3.12	Nonpriority creditor's name and mailing address BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT GPO BOX 366818 San Juan, PR 00936 Date(s) debt was incurred <u>BALANCE AS OF 07/13/2016</u> Last 4 digits of account number <u>9000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BANK LOAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,826.10
3.13	Nonpriority creditor's name and mailing address CARDINAL HEALTH-7914 PO BOX 366211 San Juan, PR 00936-6211 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134,484.06
3.14	Nonpriority creditor's name and mailing address CENTRO 4 BUILDING ADMINISTRATION INC PO BOX 90 Saint Just, PR 00978 Date(s) debt was incurred <u>BALANCE AS OF 07/13/2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,216.49

Debtor **FARMACIA SAN JUSTO INC**
Name

Case number (if known)

3.15	Nonpriority creditor's name and mailing address CESAR CASTILLO INC PO BOX 191149 San Juan, PR 00919-1149 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,074.44
3.16	Nonpriority creditor's name and mailing address CHOI GIFT 839 AÑASCO STREET San Juan, PR 00925 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.93
3.17	Nonpriority creditor's name and mailing address COLONIAL INSURANCE AGENCY INC PO BOX 192511 San Juan, PR 00919-2511 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INSURANCE POLICY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,648.00
3.18	Nonpriority creditor's name and mailing address DE LAGE LANDEN FINANCIAL SERVICES INC 1111 OLD EAGLE SCHOOL ROAD Wayne, PA 19087 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COPIERS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$414.95
3.19	Nonpriority creditor's name and mailing address DEL RIO TRADING & BEAUTY SUPPLY PO BOX 779 Camuy, PR 00627 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$619.70
3.20	Nonpriority creditor's name and mailing address DELTA DENTAL PLAN OF PR INC 14 CALLE 2 SUITE 200 Guaynabo, PR 00968-1735 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DENTAL HEALTH PLAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.96
3.21	Nonpriority creditor's name and mailing address DROGUERIA BETANCES INC PO BOX 368 Caguas, PR 00726 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEDICINE INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$608,968.37

Debtor **FARMACIA SAN JUSTO INC**
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3.22	Nonpriority creditor's name and mailing address DRUG PACKAGE INC 901 DRUG PACKAGE LANE O Fallon, MO 63366 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PACKAGING MATERIALS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,042.15</u>
3.23	Nonpriority creditor's name and mailing address EVERGREEN ENTERPRISE PO BOX 602961 Charlotte, NC 28260-2961 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$807.81</u>
3.24	Nonpriority creditor's name and mailing address FMC DISTRIBUTORS PO BOX 801000 Coto Laurel, PR 00780-1000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEDICINE INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,006.76</u>
3.25	Nonpriority creditor's name and mailing address FREEDOM MEDICAL PO BOX 3389 Juncos, PR 00777 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$749.12</u>
3.26	Nonpriority creditor's name and mailing address FRIEND SMITH & CO PO BOX 366206 San Juan, PR 00936-6206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$285.31</u>
3.27	Nonpriority creditor's name and mailing address GOLOSINAS E&S PO BOX 364872 San Juan, PR 00936-4872 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$122.28</u>
3.28	Nonpriority creditor's name and mailing address JUAR GON CORP 1745 JESUS T PINEIRO AVENUE San Juan, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$543.98</u>

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3.29	Nonpriority creditor's name and mailing address L C A SCHOOL SUPPLY N 39 MAGNOLIA AVENUE MAGNOLIA GARDENS Bayamon, PR 00956 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$942.99
3.30	Nonpriority creditor's name and mailing address LAS LOMAS BAKERY 1654 AMERICO MIRANDA AVENUE San Juan, PR 00921 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,039.37
3.31	Nonpriority creditor's name and mailing address LLORENS PHARMACEUTICAL CORP PMB 396 San Juan, PR 00926-4660 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MEDICINE INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,019.40
3.32	Nonpriority creditor's name and mailing address MADISON CAPITAL 11433 CRONRIDGE DRIVE SUITE F Owings Mills, MD 21117-2294 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIPMENT LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$465.00
3.33	Nonpriority creditor's name and mailing address MALAVE BROTHERS INC 1073 FERROCARRIL STREET RIO PIEDRAS San Juan, PR 00925 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$662.67
3.34	Nonpriority creditor's name and mailing address MAPFRE LIFE INSURANCE COMPANY OF PR PO BOX 70297 San Juan, PR 00936-8297 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE POLICY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,558.85
3.35	Nonpriority creditor's name and mailing address MODERN TECH 144 WESER STREET RIO PIEDRAS HEIGHTS San Juan, PR 00926 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNICATIONS SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,500.00

Debtor **FARMACIA SAN JUSTO INC**

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3.36	Nonpriority creditor's name and mailing address MUTUAL OF OMAHA INSURANCE CO 3300 MUTUAL OF OMAHA PLAZA Omaha, NE 68175 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISABILITY INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.92
3.37	Nonpriority creditor's name and mailing address NOREGA LABORATORIES PO BOX 8804 Carolina, PR 00988 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.12
3.38	Nonpriority creditor's name and mailing address OGOYI DISTRIBUTORS PMB 456 90 RIO HONDO AVENUE Bayamon, PR 00961 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.78
3.39	Nonpriority creditor's name and mailing address ON TIME SOFT INC PMB 204 PO BOX 3017 Carolina, PR 00984-6684 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,068.93
3.40	Nonpriority creditor's name and mailing address PAR MED PO BOX 366211 San Juan, PR 00936-6211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MEDICINE INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,452.42
3.41	Nonpriority creditor's name and mailing address POPULAR AUTO, INC. EDIF BANCO POPULAR 1901 AVE J T PINERO STE 467 San Juan, PR 00920-5608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEASE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$557.67
3.42	Nonpriority creditor's name and mailing address PR ELECTRIC POWER AUTHORITY BANKRUPTCY OFFICE PO BOX 364267 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ELECTRIC POWER SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,082.20

Debtor FARMACIA SAN JUSTO INC		Case number (if known)	
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3.43	Nonpriority creditor's name and mailing address PRICE & NOVELTIES PO BOX 191108 San Juan, PR 00919-1108 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$644.00
3.44	Nonpriority creditor's name and mailing address R & H DISTRIBUTORS CORP BOX 3511 BAYAMO GARDENS STATION Bayamon, PR 00958 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,043.99
3.45	Nonpriority creditor's name and mailing address RADIO MARKETING SYSTEMS 425 ROAD 693 PMB 193 Dorado, PR 00646 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ADVERTISING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.46	Nonpriority creditor's name and mailing address REAL TIME PAIN INTERNATIONAL LLC 9 CARRION MADURO STREET Juana Diaz, PR 00795 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.44
3.47	Nonpriority creditor's name and mailing address RICOH PUERTO RICO INC 431 PONCE DE LEON AVENUE EDIF NATIONAL PLAZA SUITE 1700 San Juan, PR 00917 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COPIERS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.66
3.48	Nonpriority creditor's name and mailing address RIVIR PO BOX 9083393 San Juan, PR 00902-3393 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.00
3.49	Nonpriority creditor's name and mailing address SOBRINO DISTRIBUTORS PO BOX 29815 San Juan, PR 00929-0615 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.39

Debtor FARMACIA SAN JUSTO INC
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3.50	Nonpriority creditor's name and mailing address SOLMARI FIGUEROA PO BOX 5031 Carolina, PR 00984-5031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$682.50</u>
3.51	Nonpriority creditor's name and mailing address SONS PO BOX 193471 San Juan, PR 00919-3471 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,146.04</u>
3.52	Nonpriority creditor's name and mailing address SPOT ON HOLD SERVICE PO BOX 1836 Mayaguez, PR 00681 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATION SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$99.90</u>
3.53	Nonpriority creditor's name and mailing address TDS OPERATING INC 788 MONTGOMERY AVENUE Ocoee, FL 34761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELEPHONE AND DATA SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$796.22</u>
3.54	Nonpriority creditor's name and mailing address THE GIFT COMPANY PO BOX 9355 Caguas, PR 00726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$284.31</u>
3.55	Nonpriority creditor's name and mailing address WESTMINSTER PHARMACEUTICALS LLC 1115 GUNN HWY SUITE 201 Odessa, FL 33556 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEDICINE INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$309.00</u>

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor **FARMACIA SAN JUSTO INC**
Name

Case number (if known)

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5a.	\$	<u>162,331.64</u>
5b.	+ \$	<u>959,903.77</u>
5c.	\$	<u>1,122,235.41</u>

Fill in this information to identify the case:

Debtor name FARMACIA SAN JUSTO INC
United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO
Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

7/14/16

x



Signature of individual signing on behalf of debtor

HECTOR O RODRIGUEZ

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:	
Debtor name	FARMACIA SAN JUSTO 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
AMERICAN EXPRESS PO BOX 1270 Newark, NJ 07101-1270	1-800-545-1171	CREDIT CARDS				\$4,818.01
ANDA PUERTO RICO 2915 WESTON ROAD WESTON Fort Lauderdale, FL 33331	1-800-331-2632	MEDICINE INVENTORY				\$3,770.44
AXIS CARE PO BOX 1366 Dorado, PR 00646-1366	787-251-2323	INVENTORY				\$2,991.09
BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT GPO BOX 366818 San Juan, PR 00936	787-753-7849	BANK LOAN				\$49,816.23
CARDINAL HEALTH-7914 PO BOX 366211 San Juan, PR 00936-6211	787-625-4200	INVENTORY				\$134,484.06
CENTRO 4 BUILDING ADMINISTRATION INC PO BOX 90 Saint Just, PR 00978	787-755-0040	RENT				\$28,216.49
CESAR CASTILLO INC PO BOX 191149 San Juan, PR 00919-1149	787-999-1616	INVENTORY				\$7,074.44

Debtor FARMACIA SAN JUSTO 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,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
COLONIAL INSURANCE AGENCY INC PO BOX 192511 San Juan, PR 00919-2511	787-754-7150	INSURANCE POLICY				\$7,648.00
CRIM BANKRUPTCY DEPT PO BOX 195387 San Juan, PR 00919-5387	787-625-2746	PERSONAL PROPERTY TAX				\$49,411.20
DEPARTMENT OF TREASURY BANKRUPTCY SECTION PO BOX 9024140 OFFICE 424 B San Juan, PR 00902-4140	787-771-3072	SALES AND USE TAX				\$27,974.86
DROGUERIA BETANCES INC PO BOX 368 Caguas, PR 00726	787-746-0952	MEDICINE INVENTORY				\$608,968.37
DRUG PACKAGE INC 901 DRUG PACKAGE LANE O Fallon, MO 63366	1-800-325-6137	PACKAGING MATERIALS				\$3,042.15
INTERNAL REVENUE SERVICE PO BOX 7346 Philadelphia, PA 19101-7346	1-800-973-0424	PAYROLL TAXES				\$49,107.17
MAPFRE LIFE INSURANCE COMPANY OF PR PO BOX 70297 San Juan, PR 00936-8297	787-250-5214	INSURANCE POLICY				\$2,558.85
MODERN TECH 144 WESER STREET RIO PIEDRAS HEIGHTS San Juan, PR 00926	787-579-3913	COMMUNICATIONS SERVICES				\$10,500.00
MUNICIPALITY OF TRUJILLO ALTO PO BOX 1869 Trujillo Alto, PR 00977	787-761-0172	MUNICIPAL TAXES				\$8,407.20

Debtor FARMACIA SAN JUSTO 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,	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
PAR MED PO BOX 366211 San Juan, PR 00936-6211	787-625-4167	MEDICINE INVENTORY				\$13,452.42
PR ELECTRIC POWER AUTHORITY BANKRUPTCY OFFICE PO BOX 364267 San Juan, PR 00936	787-521-4150	ELECTRIC POWER SERVICES				\$5,082.20
SONS PO BOX 193471 San Juan, PR 00919-3471	787-585-2451	INVENTORY				\$2,146.04
STATE INSURANCE FUND CORPORATION PO BOX 365028 San Juan, PR 00936-5028	787-793-6957	WORKMEN COMPENSATION				\$25,992.00

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

In re FARMACIA SAN JUSTO 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: 7/14/16



HECTOR O RODRIGUEZ/PRESIDENT
Signer Title

AERONET WIRELESS CONNECTION
PO BOX270013
San Juan, PR 00927

AMERICAN COLORS
PO BOX 367683
San Juan, PR 00936-7683

AMERICAN EXPRESS
PO BOX 1270
Newark, NJ 07101-1270

ANDA PUERTO RICO
2915 WESTON ROAD
WESTON
Fort Lauderdale, FL 33331

ARA SECURITY INTEGRATORS
PO BOX 29742
San Juan, PR 00929-0742

AUT DE ACUEDUCTOS Y ALCANTARILLADO
PO BOX 70101
San Juan, PR 00936-8101

AXIS CARE
PO BOX 1366
Dorado, PR 00646-1366

B FERNANDEZ
PO BOX 363629
San Juan, PR 00936-3629

BALLESTER HERMANOS INC
PO BOX 364548
San Juan, PR 00936-4548

BANCO POPULAR DE PUERTO RICO
BANKRUPTCY DEPARTMENT
GPO BOX 366818
San Juan, PR 00936

CARDINAL HEALTH-7914
PO BOX 366211
San Juan, PR 00936-6211

CENTRO 4 BUILDING ADMINISTRATION INC
PO BOX 90
Saint Just, PR 00978

CESAR CASTILLO INC
PO BOX 191149
San Juan, PR 00919-1149

CHOI GIFT
839 ANASCO STREET
San Juan, PR 00925

COLONIAL INSURANCE AGENCY INC
PO BOX 192511
San Juan, PR 00919-2511

CRIM
BANKRUPTCY DEPT
PO BOX 195387
San Juan, PR 00919-5387

DE LAGE LANDEN FINANCIAL SERVICES INC
1111 OLD EAGLE SCHOOL ROAD
Wayne, PA 19087

DEL RIO TRADING & BEAUTY SUPPLY
PO BOX 779
Camuy, PR 00627

DELTA DENTAL PLAN OF PR INC
14 CALLE 2
SUITE 200
Guaynabo, PR 00968-1735

DEPARTMENT OF TREASURY
BANKRUPTCY SECTION
PO BOX 9024140 OFFICE 424 B
San Juan, PR 00902-4140

DROGUERIA BETANCES INC
PO BOX 368
Caguas, PR 00726

DRUG PACKAGE INC
901 DRUG PACKAGE LANE
O Fallon, MO 63366

EVERGREEN ENTERPRISE
PO BOX 602961
Charlotte, NC 28260-2961

FMC DISTRIBUTORS
PO BOX 801000
Coto Laurel, PR 00780-1000

FREEDOM MEDICAL
PO BOX 3389
Juncos, PR 00777

FRIEND SMITH & CO
PO BOX 366206
San Juan, PR 00936-6206

GOLOSINAS E&S
PO BOX 364872
San Juan, PR 00936-4872

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

JUAR GON CORP
1745 JESUS T PINEIRO AVENUE
San Juan, PR 00920

L C A SCHOOL SUPPLY
N 39 MAGNOLIA AVENUE
MAGNOLIA GARDENS
Bayamon, PR 00956

LAS LOMAS BAKERY
1654 AMERICO MIRANDA AVENUE
San Juan, PR 00921

LLORENS PHARMACEUTICAL CORP
PMB 396
San Juan, PR 00926-4660

MADISON CAPITAL
11433 CRONRIDGE DRIVE
SUITE F
Owings Mills, MD 21117-2294

MALAVE BROTHERS INC
1073 FERROCARRIL STREET
RIO PIEDRAS
San Juan, PR 00925

MAPFRE LIFE INSURANCE COMPANY OF PR
PO BOX 70297
San Juan, PR 00936-8297

MODERN TECH
144 WESER STREET
RIO PIEDRAS HEIGHTS
San Juan, PR 00926

MUNICIPALITY OF TRUJILLO ALTO
PO BOX 1869
Trujillo Alto, PR 00977

MUTUAL OF OMAHA INSURANCE CO
3300 MUTUAL OF OMAHA PLAZA
Omaha, NE 68175

NOREGA LABORATORIES
PO BOX 8804
Carolina, PR 00988

OGOYI DISTRIBUTORS
PMB 456
90 RIO HONDO AVENUE
Bayamon, PR 00961

ON TIME SOFT INC
PMB 204
PO BOX 3017
Carolina, PR 00984-6684

ORIENTAL BANK
PO BOX 195115
San Juan, PR 00919-5115

PAR MED
PO BOX 366211
San Juan, PR 00936-6211

POPULAR AUTO, INC.
EDIF BANCO POPULAR
1901 AVE J T PINERO STE 467
San Juan, PR 00920-5608

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

PRICE & NOVELTIES
PO BOX 191108
San Juan, PR 00919-1108

R & H DISTRIBUTORS CORP
BOX 3511
BAYAMO GARDENS STATION
Bayamon, PR 00958

RADIO MARKETING SYSTEMS
425 ROAD 693
PMB 193
Dorado, PR 00646

REAL TIME PAIN INTERNATIONAL LLC
9 CARRION MADURO STREET
Juana Diaz, PR 00795

RICOH PUERTO RICO INC
431 PONCE DE LEON AVENUE
EDIF NATIONAL PLAZA SUITE 1700
San Juan, PR 00917

RIVIR
PO BOX 9083393
San Juan, PR 00902-3393

SOBRINO DISTRIBUTORS
PO BOX 29815
San Juan, PR 00929-0615

SOLMARI FIGUEROA
PO BOX 5031
Carolina, PR 00984-5031

SONS
PO BOX 193471
San Juan, PR 00919-3471

SPOT ON HOLD SERVICE
PO BOX 1836
Mayaguez, PR 00681

STATE INSURANCE FUND CORPORATION
PO BOX 365028
San Juan, PR 00936-5028

TDS OPERATING INC
788 MONTGOMERY AVENUE
Ocoee, FL 34761

THE GIFT COMPANY
PO BOX 9355
Caguas, PR 00726

WESTMINSTER PHARMACEUTICALS LLC
1115 GUNN HWY SUITE 201
Odessa, FL 33556

**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 Farmacia San Justo, Inc. (the "Corporation") is unable to meet its obligations as they mature; and

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

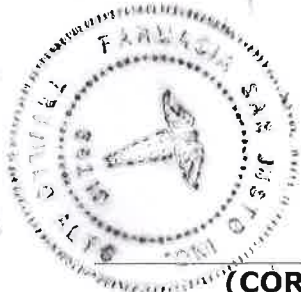
Be it resolved that a Petition in Proceedings under Chapter 11 of the Bankruptcy Code be filed by the Corporation and that Mr. Héctor Orlando Rodríguez Pastrana, the Corporation's President, be and hereby is authorized to execute on behalf of the Corporation and for it all the necessary documents for the filing of a Petition under Chapter 11 of the Bankruptcy Code; and be it further resolved;

That Mr. Héctor Orlando Rodríguez Pastrana 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 Charles A. Cuprill, P.S.C., Law Offices 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 its Board of Directors at a duly constituted meeting held on the July 12, 2016 at 1p.m., 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 the Corporation this 14th day of July, 2016.



(CORPORATE SEAL)


Héctor Ivan Rodríguez Pastrana
SECRETARY

*Certified Copy of Corporate Resolution of the Board of Directors
Authorizing the Filing of Petition for Reorganization under
Chapter 11 of the Bankruptcy Code*

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I, Héctor Ivan Rodríguez Pastrana, Secretary of Farmacia San Justo, Inc., of legal age, Single, and resident of San Juan, 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.

Trujillo Alto, Puerto Rico, this 14th day of July, 2016.



Héctor Ivan Rodríguez Pastrana
SECRETARY