

<b>United States Bankruptcy Court</b> <b>District of Puerto Rico</b>						<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>AGROPHARMA LABORATORIES, INC.</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>66-0531457</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>Road 701 Km 0.4</b> <b>Playa Salinas Industrial Park</b> <b>Salinas, PR</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE <b>00751-1150</b>				ZIPCODE			
County of Residence or of the Principal Place of Business: <b>Salinas</b>				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address) <b>PO Box 1150</b> <b>Salinas, PR</b>				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE <b>00751-1150</b>				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above): <b>Road 701 Km 0.4, Playa Salinas Industrial Park, Salinas, PR</b>							
ZIPCODE <b>00751</b>							
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other _____  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input checked="" type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input checked="" type="checkbox"/> Chapter 11  <input type="checkbox"/> Chapter 12  <input type="checkbox"/> Chapter 13             </div> <div> <input type="checkbox"/> Chapter 15 Petition for              Recognition of a Foreign              Main Proceeding  <input type="checkbox"/> Chapter 15 Petition for              Recognition of a Foreign              Nonmain Proceeding             </div> </div> <hr/> <b>Nature of Debts</b> (Check <b>one</b> box.)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.			
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,343,300 ( <i>amount subject to adjustment on 4/01/13 and every three years thereafter</i> ). -----  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							<b>THIS SPACE IS FOR COURT USE ONLY</b>
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

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

Name of Debtor(s):

**AGROPHARMA LABORATORIES, INC.****Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **None**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**None**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

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

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.

**X**

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord or lessor that obtained judgment)

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

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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

Name of Debtor(s):

**AGROPHARMA LABORATORIES, INC.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

\_\_\_\_\_  
Signature of Debtor

X

\_\_\_\_\_  
Signature of Joint Debtor\_\_\_\_\_  
Telephone Number (If not represented by attorney)\_\_\_\_\_  
Date**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

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

X

\_\_\_\_\_  
Signature of Foreign Representative\_\_\_\_\_  
Printed Name of Foreign Representative\_\_\_\_\_  
Date**Signature of Attorney\***

X

\_\_\_\_\_  
**/s/ Teresa M. Lube Capó**

Signature of Attorney for Debtor(s)

**Teresa M. Lube Capó 122205****Lube & Soto Law Offices,  
P.S.C.****1130 .F.D. Roosevelt Ave****San Juan, PR 00920-2906****(787) 722-0909 Fax: (787) 977-1709****terelube@gmail.com****July 20, 2010**\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

\_\_\_\_\_  
**/s/ Jose A. Torres Santiago**

Signature of Authorized Individual

**Jose A. Torres Santiago**\_\_\_\_\_  
Printed Name of Authorized Individual**President**\_\_\_\_\_  
Title of Authorized Individual**July 20, 2010**\_\_\_\_\_  
Date**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

X

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

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*



## AGROPHARMA LABORATORIES, INC.

PO BOX 1150  
SALINAS PR 00751

### CORPORATE RESOLUTION

I, Mrs. Reina L. Alvarado, Secretary of The Board of Directors of Agropharma Laboratories, Inc., a duly organized Corporation, under the laws of the Commonwealth of Puerto Rico, with offices in Salinas, Puerto Rico, Do here certify that in a meeting of the Board of Directors, in which there was a valid Quorum, celebrated on the twelve day of the month of July, of the year Two Thousand and Ten, which was properly annotated on the Corporate Records, and that it was not declared null, nor void. The following determination was unanimously approved:

“To authorize Mr. José A. Torres, President of Agropharma Laboratories, Inc., to represent the Corporation in all matters related to and not limited solicit, contract and negotiate with Teresa M. Lube Capó, Attorney with Lube & Soto Law Offices, P.S.C., located at 1130 Ave. F.D. Roosevelt, San Juan, PR 00920-2906.”

I, Mrs. Reina L. Alvarado, Secretary of The Board of Directors of Agropharma Laboratories, Inc., certify that this Transcribed Corporate Resolution has been approved by the Board of Directors, and it has not been changed nor revoked, and in good standing, in testimony of which I certify by placing my signature and Corporate Seal, today, twelve day of the month of July, of the year Two Thousand and Ten, in Salinas, Puerto Rico.

Reina L. Alvarado 15/07/10  
Mrs. Reina L. Alvarado, Secretary



Corporate Seal

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

**IN RE:**

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

**AGROPHARMA LABORATORIES, INC.**

Chapter **11**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 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:

For legal services, I have agreed to accept ..... \$ **225.00/hr**

Prior to the filing of this statement I have received ..... \$ **7,000.00**

Balance Due ..... \$ \_\_\_\_\_

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. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Adversary proceedings require a new agreement with the attorneys.**

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.

**July 20, 2010**

Date

**/s/ Teresa M. Lube Capó**

Teresa M. Lube Capó 122205  
Lube & Soto Law Offices,  
P.S.C.  
1130 F.D. Roosevelt Ave  
San Juan, PR 00920-2906  
(787) 722-0909 Fax: (787) 977-1709  
terelube@gmail.com

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

IN RE:

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

AGROPHARMA LABORATORIES, INC.

Chapter **11**

Debtor(s)

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

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
<b>INTERNAL REVENUE SERVICE CITY VIEW PLAZA II 48 CARR 165 STE 2000 GUAYNABO, PR 00968-8000</b>	<b>DAISY MONTANEZ (787) 522-1802</b>	<b>Taxes</b>		<b>110,000.00</b>

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

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: **July 20, 2010** Signature: **/s/ Jose A. Torres Santiago**

**Jose A. Torres Santiago, President**

(Print Name and Title)

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE  
AGROPHARMA LABORATORIES, INC.

DEBTOR

**CASE NUMBER:**

**CHAPTER 11**

**LIST OF CREDITORS**

INTERNAL REVENUE SERVICE  
PO BOX 21126  
PHILADELPHIA PA 19114-0326

LUIS A. TORRES SANTIAGO  
PO BOX 1150  
SALINAS, PR 00751-1150

United States Bankruptcy Court  
District of Puerto Rico

IN RE:

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

AGROPHARMA LABORATORIES, INC.

Chapter 11

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: July 20, 2010

Signature: /s/ Jose A. Torres Santiago  
Jose A. Torres Santiago, President

Debtor

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

Signature: \_\_\_\_\_

Joint Debtor, if any



**AGROPHARMA LABORATORIES, INC.**  
**PO Box 1150**  
**Salinas, PR 00751-1150**

**Lube & Soto Law Offices,**  
**P.S.C.**  
**1130 .F.D. Roosevelt Ave**  
**San Juan, PR 00920-2906**

**INTERNAL REVENUE SERVICE**  
**CITY VIEW PLAZA II**  
**48 CARR 165 STE 2000**  
**GUAYNABO, PR 00968-8000**

**INTERNAL REVENUE SERVICE**  
**PO BOX 21126**  
**PHILADELPHIA, PA 19114-0326**

**JOSE A. TORRES SANTIAGO**  
**PO BOX 1150**  
**SALINAS, PR 00751-1150**