

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 28 PM 3:18

CORPORATION
ANNUAL REPORT
1995



THE FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

DOCUMENT # P94000094143 (2)

OCEAN GARDENS, INC.

2. Filing Office (Mandatory)		2a. Mailing Address		3. Date incorporated or qualified		3a. Date of Last Report	
2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5461		2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5461		12/30/1994			
4. FEI Number	5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required			
65-0547286	<input type="checkbox"/>			<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
6. Exempt Corporation (check one)				8. This corporation has liability for intangible tax under § 196.037 Florida Statutes			
<input type="checkbox"/> Trust Fund Corporation				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. State of Incorporation	22. City & State	23. Zip	24. Country	25. State of Incorporation	26. City & State	27. Zip	28. Country
21	22	23	24	25	26	27	28

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANGLEY, MARCIA H 2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5461				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	B5	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.09(2), Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent) _____ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO REGISTERED OFFICE INFORMATION	
OFFICER	NAME AND ADDRESS	14. OFFICE	15. CHANGE / ADDITION
PD	RUTHERFORD, J L 2601 S BAYSHORE DR MIAMI FL 33133-5461	14. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	JEFFREY, THOMAS W 2601 S BAYSHORE DR MIAMI FL 33133-5461	14. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VSD	GONZALEZ, JULIO J 2601 S BAYSHORE DR MIAMI FL 33133-5461	14. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VSD	LANGLEY, MARCIA H 2601 S BAYSHORE DR MIAMI FL 33133-5461	14. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VT	FISCHER, JOHN H 2601 S BAYSHORE DR MIAMI FL 33133-5461	14. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	MIKESH, LINDA A 2601 S BAYSHORE DR MIAMI FL 33133-5461	14. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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7800.00 *200.00

PA 4/28

14. I hereby certify that the information supplied with this filing is accurately furnished and shows full equality for this corporation subject to law 11-1025 (file Florida Statutes). I further certify that the information is being filed in good faith and is not being filed for the purpose of evading or circumventing any law and that my signature shall have the same legal effect as if made under oath. I understand the consequences of this report as of the time of filing and I agree to file this report as required by Chapter 111, Florida Statutes, and that my name appears on the report as required by law.

SIGNATURE: 4/10/95 (305) 859-4000
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Marcia H. Langley

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 MAY -1 AM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

DOCUMENT # **91500000000000000000**
INCORPORATED NAME
JEWEL CREATIONS, INC.
of CLASSIC TOUCH

Principal Office of Corporation: **300 MARY ESTER BLVD. SUITE # K-5 MARY ESTHER, FL 32569**
Mailing Address: **2900 WILCREST #302 HOUSTON, TX 77042**

2. Filing Fee (See instructions)	2a. Mailing Address	3. Filing Fee (See instructions)	3a. Filing Fee (See instructions)
21	26	4. Filing Number	3b. Filing Fee (See instructions)
22	27	5. Certificate of Status Issued	INITIAL
23	28	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
24	29	7. This corporation has liability for obligations for which it is liable under Florida Statutes.	\$5.00 May Be Added to Fees
	30		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
FAISAL BIN AKRAM 300 MARY ESTHER #K-5 MARY ESTHER, FL 32569	<table border="1"> <tr> <td>B1 Name</td> <td></td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3</td> <td></td> </tr> <tr> <td>B4 City</td> <td>FL</td> </tr> <tr> <td>B5 Zip Code</td> <td></td> </tr> </table>	B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)		B3		B4 City	FL	B5 Zip Code	
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B3											
B4 City	FL										
B5 Zip Code											

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment of registered agent, I am

SIGNATURE: *[Signature]* 04-17-95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS (If)																																
<table border="1"> <tr> <td>OFFICER</td> <td>PRESIDENT</td> </tr> <tr> <td>NAME</td> <td>FAISAL BIN AKRAM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3237 - B college ct</td> </tr> <tr> <td>CITY</td> <td>Gulf breeze - FL 32561</td> </tr> <tr> <td>OFFICER</td> <td>VICE PRESIDENT</td> </tr> <tr> <td>NAME</td> <td>NOMAN QADRI</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1852 - D college pkwy</td> </tr> <tr> <td>CITY</td> <td>Gulf breeze - FL 32561</td> </tr> </table>	OFFICER	PRESIDENT	NAME	FAISAL BIN AKRAM	STREET ADDRESS	3237 - B college ct	CITY	Gulf breeze - FL 32561	OFFICER	VICE PRESIDENT	NAME	NOMAN QADRI	STREET ADDRESS	1852 - D college pkwy	CITY	Gulf breeze - FL 32561	<table border="1"> <tr> <td>OFFICER</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>M. FAISAL B. AKRAM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3237 - B college ct</td> </tr> <tr> <td>CITY</td> <td>Gulf breeze - FL 32561</td> </tr> <tr> <td>OFFICER</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NOMAN QADRI</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1852 - D college pkwy</td> </tr> <tr> <td>CITY</td> <td>Gulf breeze - FL 32561</td> </tr> </table>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	M. FAISAL B. AKRAM	STREET ADDRESS	3237 - B college ct	CITY	Gulf breeze - FL 32561	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NOMAN QADRI	STREET ADDRESS	1852 - D college pkwy	CITY	Gulf breeze - FL 32561
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for this report provided in Section 607.01(2), Florida Statutes. I further certify that the information included on this annual report or supplemental financial report is true and accurate, and that my signature shall have the same legal effect as if it were made under oath. I am an officer or director of the corporation or business organization for which this report is prepared by Chapter 607, Florida Statutes, and that my name appears on the Florida Department of State's records as an officer or director of the corporation.

SIGNATURE: *[Signature]* 04/18/95 (904) 243-6054