

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			
21. State of Incorporation	26. Mailing State	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
22. City & State	27. Mailing City & State	65-0547286		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Mailing Zip			6. Exempt Corporation (Section 1371(a)(1) and 1371(a)(2))		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Mailing Country			8. This corporation has liability for intangible tax under § 196(3)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	FL	B5

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(8), 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	PD RUTHERFORD, J L 2601 S BAYSHORE DR MIAMI FL 33133-5461	11. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700001472217 -05/03/95--01008--001 ***7800.00 ****200.00
OFFICER	VD JEFFREY, THOMAS W 2601 S BAYSHORE DR MIAMI FL 33133-5461	12. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VSD GONZALEZ, JULIO J 2601 S BAYSHORE DR MIAMI FL 33133-5461	13. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VSD LANGLEY, MARCIA H 2601 S BAYSHORE DR MIAMI FL 33133-5461	14. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VT FISCHER, JOHN H 2601 S BAYSHORE DR MIAMI FL 33133-5461	15. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V MIKESH, LINDA A 2601 S BAYSHORE DR MIAMI FL 33133-5461	16. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filed for the purpose of report or governmental, annual report or law and in compliance with the Florida Statutes and that my signature shall have the same legal effect as if made under oath. That I am qualified to file for the corporation in the name of Florida Department of State for the report as required by Chapter 607, Florida Statutes, and that my name appears in law 11-1025 (file Florida Statutes) as the official filing officer.

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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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.
% 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 year (See instructions)	21	2a. Mailing Address	26	3. Filing year (See instructions)	3a. Filing year (See instructions)	3b. Filing year (See instructions)
22. State App # (See instructions)	27	4. Filing Number	28	5. Certificate of Status Issued	<input type="checkbox"/>	\$8.75 Additional Fee Required
23. Filing Fee	28	6. Election Campaign Financing Trust Fund Contribution	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Filing Fee	29	7. This corporation has liability for obligations for which it is liable under Florida Statutes.	30	7. This corporation has liability for obligations for which it is liable under Florida Statutes.	<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. City</td> <td></td> </tr> <tr> <td>B4. State</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. City		B4. State	FL	B5. Zip Code	
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B3. City											
B4. State	FL										
B5. Zip Code											

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 (1)(4), Florida Statutes, the undersigned (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]* DATE: **04-17-95**

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS (If any)																																												
<table border="1"> <tr> <td>NAME</td> <td>PRESIDENT FAISAL BIN AKRAM 3237 - B college ct Gulf breeze - FL 32561</td> </tr> <tr> <td>OFFICE ADDRESS</td> <td>VICE PRESIDENT NOMAN QADRI 1852 - D college pkwy Gulf breeze - FL 32561</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> </table>	NAME	PRESIDENT FAISAL BIN AKRAM 3237 - B college ct Gulf breeze - FL 32561	OFFICE ADDRESS	VICE PRESIDENT NOMAN QADRI 1852 - D college pkwy Gulf breeze - FL 32561	NAME		OFFICE ADDRESS		NAME		OFFICE ADDRESS		NAME		OFFICE ADDRESS		NAME		OFFICE ADDRESS		NAME		OFFICE ADDRESS		<table border="1"> <tr> <td>NAME</td> <td>M. FAISAL B. AKRAM 3237 - B college ct Gulf breeze - FL 32561</td> </tr> <tr> <td>OFFICE ADDRESS</td> <td>NOMAN QADRI 1852 - D college pkwy Gulf breeze - FL 32561</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>OFFICE ADDRESS</td> <td></td> </tr> </table>	NAME	M. FAISAL B. AKRAM 3237 - B college ct Gulf breeze - FL 32561	OFFICE ADDRESS	NOMAN QADRI 1852 - D college pkwy Gulf breeze - FL 32561	NAME		OFFICE ADDRESS		NAME		OFFICE ADDRESS		NAME		OFFICE ADDRESS		NAME		OFFICE ADDRESS	
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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 (1)(4), 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 Statutes. I am a resident of the State of Florida.

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